

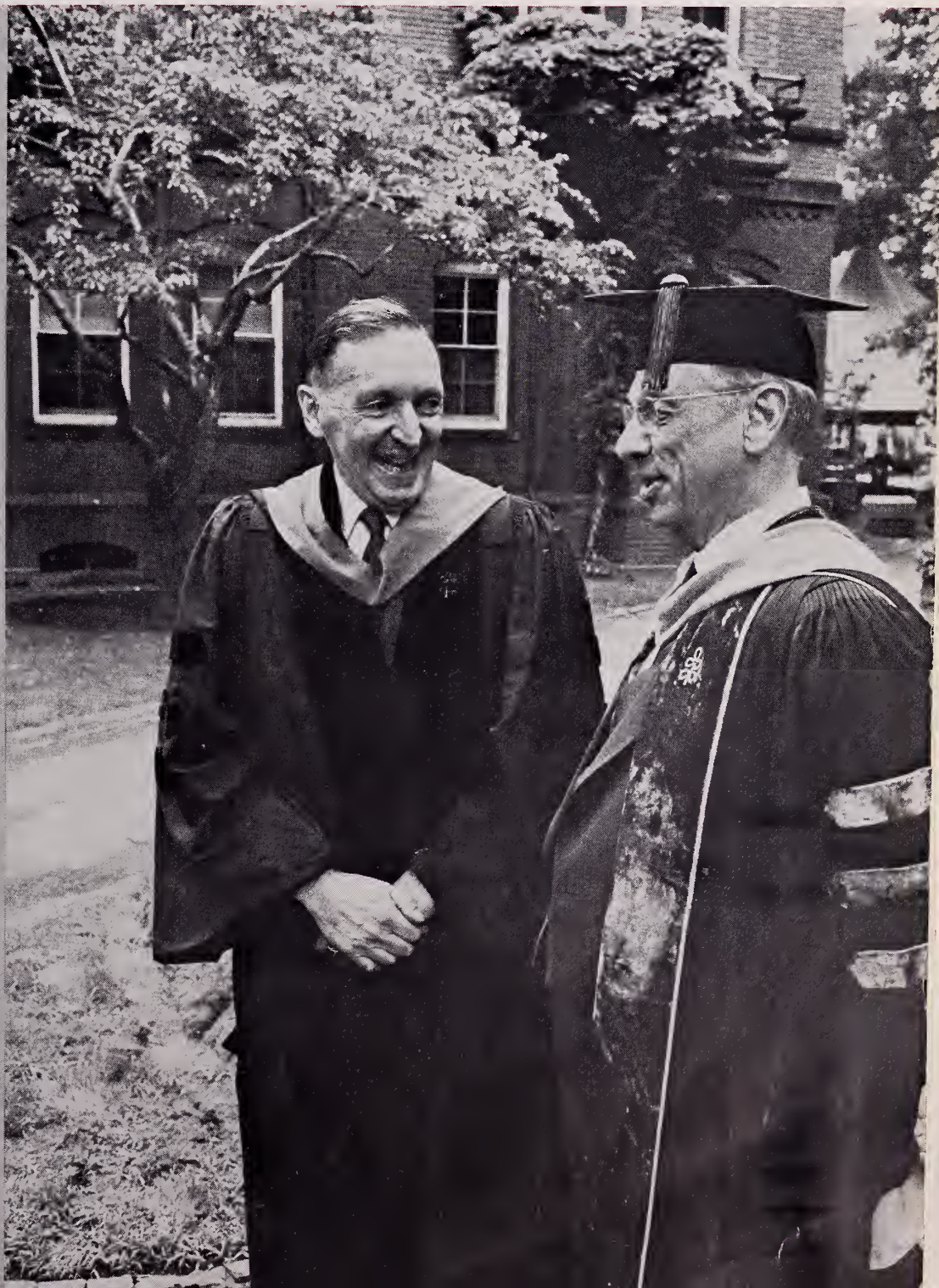






# HARVARD MEDICAL *ALUMNI BULLETIN*

*Summer, 1962*



*Graduation, 1962*

*Escort and Escortee . . .*



# THE VINTAGE IS IN.



*Who's getting the diploma?*



*Now I can smile.*

*She also serves . . .*

photos, David Lawlor.



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# HARVARD MEDICAL ALUMNI BULLETIN

VOL. 36

SUMMER 1962

NO. 5

The Cover: Probably the greatest tribute paid to Dr. Herrman L. Blumgart during his 40-year medical career was Supreme Court Justice Felix Frankfurter's comment that perhaps the Beth Israel Hospital should be renamed the "Beth Herrman." Here, Dr. Blumgart shares a favored moment with Dr. Berry before being led to the podium to receive an honorary S.D. degree during graduation exercises. Photo by William Tobey.

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The fourth volume of *Current Concepts in Therapy* includes 12 articles published in the *Journal* in 1960. It includes —

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# LETTERS

## More Medical Students or More Doctors?

To the Editor:

This is in regard to the excellent editorial by Dr. Francis Moore on the subject of a Medical Merit Scholarship program for the New England States.

Here in Maine we have a distressing situation with an extremely small percentage of young men and women going on to medical school and we have attempted to ameliorate this by establishing a Maine Medical Education Foundation which so far has been supported mainly by the physicians of the State. This foundation is established on the basis of long-term loans with graduated interest rates which would apply following completion of postgraduate training. There are obvious advantages and incentives to having a merit scholarship program and we plan to present this to the State Legislature in the near future and certainly hope that other medical societies will sponsor this type of program, which should have a good return and hopefully will encourage the type of person we want to enter into the medical field.

PAUL H. PFEIFFER '43A  
Waterville, Maine

To the Editor:

Thanks to Dr. Pfeiffer for his note about my editorial. It is my conviction that the recruitment of young gentlemen and ladies for medical school must begin back in high school. They must have the assurance that the tremendous expense of a medical education can be met from some source other than their families' life savings.

It would be my hope that the Merit Medical Scholarship plan would ultimately provide this assurance and

attract many people to medicine who are now going into other fields.

It will not be an easy trip or a short event, but over the years I think this will do the job.

FRANCIS D. MOORE '39  
Moseley Professor of Surgery

## "M. Appleton, 1800"

To the Editor:

Some of the present practitioners of "Physic" may be interested in the classification of Dr. Cullen mentioned in your story of "M. Appleton, 1800, Chronicler of Colonial Medicine." According to this book, *First Lines of the Practice of Physic*, by William Cullen, printed in New York by Nichols and Company, New York, 1801, there were sixteen of these classes:

- I. Pyrexia, or febrile diseases
- II. Inflammations for phlegmasiae
- III. Exanthemata or eruptive fevers
- IV. Hemorrhagies
- V. Fluxes, sometimes included in IV
- VI. Menorrhagia, or the immoderate flow of the menses, and other symptoms
- VII. Profluvia, or fluxes with pyrexia
- VIII. Neuroses or nervous diseases
- IX. Comata
- X. Adynamiae
- XI. Spasmodic affections without fever
- XII. Vesaniae or disorders of the intellectual function
- XIII. Cachexies
- XIV. Emaciation
- XV. Intumescenciae or general swelling
- XVI. Impetigines, or depraved habit with affectations of the skin.

While this sounds like a rather brief classification, it should be remembered that this particular book contained 620 pages, which still remain amazingly perceptive.

WILLIAM S. HATT '48  
Sarasota, Florida

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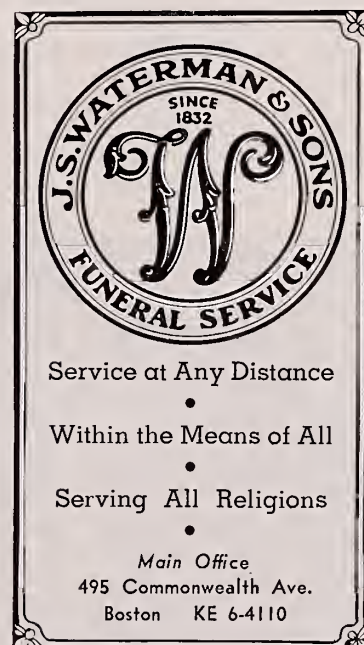
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# Along the Perimeter

## New England Primate Research Center

A two and one-half million dollar New England Regional Primate Research Center is to be developed by the Harvard Medical School, acting on behalf of several Greater Boston and New England universities and medical institutions. The Center, to be built under a grant from the National Heart Institute, will be situated on a 140-acre tract of land in Marlboro and Southboro, Massachusetts. Institutions included in the plenary group are the Massachusetts Institute of Technology (School of Humanities and Social Sciences), Tufts University School of Medicine, Boston University School of Medicine, Worcester Foundation for Experimental Biology, the Dartmouth Medical School, Harvard School of Public Health, Harvard School of Dental Medicine, Harvard University (Biological Laboratories), and the teaching hospitals and research laboratories associated with each of the medical institutions.

Dr. Bernard F. Trum, director of the Animal Research Center at the Harvard Medical School, will serve as director of the Primate Research Center which, when in full operation, will employ approximately 120 scientific (professional and technical) and administrative personnel, all of whom will have appointments on the faculties and staffs of the sponsoring institutions. The physical plant, as presently planned, will consist of six structures —

*Dr. Trum*



a main building for administrative offices, reading room, cafeteria and seminar room; laboratories for general research use; separate housing facilities for various types of primates; quarantine building for incoming primates or for those with ailments considered contagious; and utility building with garage and shops.

The five objectives of the Center are — 1. to provide facilities and support for an investigative program designed to study many aspects of primatology such as bacteriology, physiology, nutrition, endocrinology, pathology, psychology and social behavior from which the basic information on the primate may be derived; 2. to provide facilities and support for programs to be conducted by visiting scientists who are members of the staff of cooperating institutions or from other institutions; 3. to provide facilities for the acquisition, breeding and maintenance of a variety of primate species; 4. to train professional and technical personnel in primatology and in primate husbandry; 5. to provide primates for the research programs of the cooperating institutions.

Harvard Medical School will be administratively responsible for the organization, construction and operation of the Center with the assistance of an institutional advisory board composed of representatives of each of the associated institutions and a scientific advisory board appointed from members of the New England and national scientific communities. Construction is expected to start in the fall of 1962 with completion set for early 1964.

## Faculty Appointments

### Christian B. Anfinsen

One of the foremost biochemists in the U. S., Dr. Christian B. Anfinsen, will join the Faculty of Medicine on September 1 as professor of biological chemistry. Dr. Anfinsen will come to Harvard from his post as chief of the laboratory of cellular physiology, National Heart Institute.

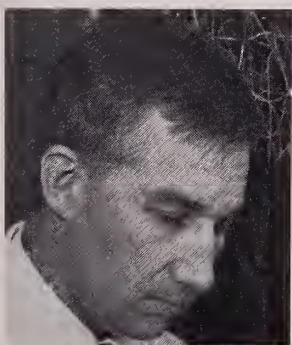
Dr. Anfinsen was one of the first to demonstrate the synthesis of a protein molecule (ovalbumin) in the test tube, using radioactive amino acids as building blocks. He is regarded by his colleagues as a skilled and inspiring teacher of both medical and postdoctoral students.



## Elkan R. Blout

Dr. Elkan R. Blout, a biological chemist concerned with investigations relating to the elucidation of the shape of protein molecules and synthetic polypeptides, has been appointed professor of biological chemistry at HMS. Dr. Blout's career has found simultaneous fulfillment in the industrial as well as the academic area. While successfully directing a broad area of industrial research he has contributed significantly to fundamental investigations involving the application of advanced physical tools to problems of the structure of macromolecules of biological interest. Among the latter are the first preparation of synthetic polypeptides of high molecular weight, the discovery of the true cotton effect associated with helical polypeptide structures, the use of deuterium studies in the determination of the fine structure of proteins, and fundamental discoveries of the relationship between primary and secondary structures in the proteins.

## Peter B. Dews



Dr. Peter B. Dews, a creative behavioral scientist who has developed psychological methods for the study of drug action on the central nervous system, has been named the first Stanley Cobb Professor of Psychiatry and Psychobiology. The Chair, established in 1960, honors Dr. Cobb, Bul-

lard Professor of Neuropathology, *Emeritus*, a pioneer in the continued investigation of diseases of the nervous system and of the mind.

The appointment of Dr. Dews adds new strength at Harvard to teaching, research and patient care in the field of psychiatry by emphasizing the increasing role offered by the basic sciences in the fields of human behavior. Dr. Dews, who joined the department of pharmacology in 1953, has been associate professor of pharmacology since 1959. He is regarded by his contemporaries as the best informed pharmacologist in this field. Academically, he will be a member of the department of psychiatry at the Massachusetts Mental Health Center.

Shortly after his arrival at HMS, Dr. Dews was given the responsibility of reorganizing the course in pharmacology for second-year medical students; as a teacher, he evokes the enthusiasm of his colleagues and students.

## Maxwell Finland

Dr. Maxwell Finland '26, respected internationally for his vast knowledge of the clinical and scientific problems concerned with infectious diseases in man, has been appointed professor of medicine at Harvard. Dr. Finland is one of the world's foremost authorities on the use and danger inherent in misuse of antibacterial agents in the treatment of disease. About him a former student recently

wrote — "One of his outstanding contributions has been the training of young men. He has stimulated these men, encouraged them to express their ideas, and has been generous in giving them credit for their work and in assisting them to advance up the academic ladder if, in his opinion, their capabilities warranted such advancement. He has imparted to them his own high ideals and integrity."

## William T. Green



The first Harriet M. Peabody Professor of Orthopedic Surgery at Harvard and the Children's Hospital will be Dr. William T. Green. Dr. Green also becomes the head of the first department of orthopedic surgery to be instituted on a full-time basis in the history of HMS. Although his activities in the areas of patient care, teaching

and research will be centered at the Children's Hospital and the Peter Bent Brigham Hospital, the influence of Dr. Green's department will extend throughout the entire orthopedic enterprises of the Medical School's Associated Teaching Hospitals.

The establishment of the Peabody chair, the second in orthopedic surgery at Harvard, was made possible by a gift from the trustees of the New England Peabody Home for Crippled Children in 1961.

A past president of the American Academy for Cerebral Palsy, Dr. Green has done a series of evaluations of the operative treatment of cerebral palsy involving work in both children and adults, and since 1953 has been evaluating the results of orthopedic surgical procedures in the spastic child. He was the founding director of the Mary MacArthur Memorial Respiratory Unit at Wellesley, a pioneering unit in the field.

When awarded an Honorary Doctorate of Science by Indiana University in 1960 Dr. Green's citation read — "You have manifested a striking interest in the work of the medical students at every level, and a great talent for teaching so that former students of yours are now in positions of great responsibility and trust as a result of your inspiration and example."

## Manfred L. Karnovsky

Dr. Manfred L. Karnovsky has been named professor of biological chemistry at Harvard. Dr. Karnovsky, a member of the Faculty of Medicine since 1950, is currently devoting a major portion of his research efforts to studies concerned with the relationship between the utilization of sugars to provide energy and the process of phagocytosis.

A highly skilled teacher, administrator and investi-



gator, Dr. Karnovsky has recently been responsible for the direction of a new graduate course in advanced biological chemistry concerned with the structure and function of proteins and nucleic acids. He was one of those at HMS who, in 1952, launched a course designed to introduce students to the literature, experimental methods and fundamental principles associated with each of the pre-clinical sciences.

### Paul S. Russell



Dr. Paul S. Russell has been appointed John Homans Professor of Surgery and head of Harvard's department of surgery at the Massachusetts General Hospital, where the Hospital's trustees have simultaneously appointed him chief of the general surgical services. The John Homans Professorship, the result of contributions by the friends and

associates of Dr. John Homans, 1858, was established by the University in 1906. The income from the fund was designated for use in promoting the "acquirement of knowledge in the science and art of surgery in accordance with the recommendation of the faculty of the medical department of the University."

Regarded by his contemporaries as a careful and highly competent surgeon who understands both the medical and human needs of his patients, Dr. Russell is the fifth incumbent of the Homans chair.

### Nathan B. Talbot

Dr. Nathan B. Talbot '36, a pediatrician who brings to medical treatment of the young the skill of the clinician and the concern of the social scientist, has been named professor of pediatrics and head of the Harvard Medical School's department of pediatrics at the Massachusetts General Hospital, where he has simultaneously been appointed chief of the Children's Service by the Hospital's trustees.

Focusing his attention largely on the quantitative aspects of nutrition, metabolism and endocrinology, Dr. Talbot has documented many of his findings in a book, *Functional Endocrinology from Birth through Adolescence*, which he and his associates at the MGH published in 1952.

Since 1960 Dr. Talbot has served as acting chief of services at the MGH, a position in which he planned the development of a new child health clinic designed to attend to the physical and social-behavioral needs of children from birth through adolescence.

### Howard Ulfelder



Dr. Howard Ulfelder '36, who has been identified since 1942 with teaching, research and clinical activities concerned with gynecology at the Harvard Medical School, the Vincent Memorial Hospital, and the Massachusetts General Hospital, has been named the first Joe Vincent Meigs Professor of Gynecology at Harvard. Funds for the Meigs Chair were con-

tributed by friends, associates and former patients of Dr. Meigs, who retired from Harvard in 1955 to become Clinical Professor of Gynecology, *Emeritus*.

Since 1955, Dr. Ulfelder has been Clinical Professor of Gynecology at the Harvard Medical School, Chief of Staff at the Vincent Memorial Hospital and Chief of Gynecology at the Massachusetts General Hospital. He is Senior Surgeon at the Pondville Hospital.

Dr. Ulfelder's teaching responsibilities for the Harvard Medical School involve medical students in the second, third and fourth years. Included is a course in gynecological diagnosis for second-year students, clinics and ambulatory clinic assignments for third-year students, and elective clerkships for fourth-year students. In addition, Dr. Ulfelder, with Dr. Francis M. Ingersoll, assistant clinical professor of gynecology at Harvard and associate visiting surgeon at the MGH, is responsible, at the Vincent Memorial Hospital, for the annual organization of a post-doctoral course in gynecology under HMS's Courses for Graduates.

The Gynecological Service, under Dr. Ulfelder, is responsible for the care of patients with diseases in this area admitted to the Massachusetts General Hospital. Major emphasis is placed on the treatment of malignant disease of the uterus. An active research program is carried on at the Vincent Memorial Hospital in the field of pituitary and ovarian endocrine physiology. Dr. Ulfelder has contributed numerous articles to the scientific press.

### L. Lahut Uzman



Dr. L. Lahut Uzman '46 has been named the first Bronson Crothers Professor of Neurology. He will also head a new department of neurology at the Children's Hospital and serve as neurologist at other of Harvard's Associated Teaching Hospitals in the Longwood area.

The Chair, honoring the memory of Dr. Crothers, for



many years a leader in clinical teaching and research involving neurological disorders in children, was made possible by an anonymous gift; the new department of neurology was established with the help of an additional gift from the Children's Hospital.

Dr. Uzman is regarded by his contemporaries as a most astute clinician with an "encyclopedic knowledge of the neurological literature." He has contributed significantly to the understanding of biochemical and medical problems concerned with disfiguring skin disorders, hereditary anemias related to abnormal cell structures in the spleen, and to congenital malfunctions of a metabolic nature evidenced in both physical and mental abnormalities. His recent research has been concerned with the correlation of the chemical development of the nervous system using both the tools of the biological chemist and the radiologist.

## Promotions and Appointments

**David H. Hubel**, associate professor of neurophysiology and neuropharmacology

**Sidney H. Ingbar** '47, associate professor of medicine

**Walter Eugene Knox** '43A, associate professor of biological chemistry

**Alan C. Aisenberg** '50, assistant professor of medicine (MGH)

**George F. Cahill, Jr.**, assistant professor of medicine

**Wallace H. Clark, Jr.**, assistant professor of pathology

**John F. Crigler, Jr.**, assistant professor of pediatrics

**Frank R. Ervin**, assistant professor of psychiatry (MGH)

**Park S. Gerald**, assistant professor of pediatrics (CHMC)

**John Gergely**, assistant professor of biological chemistry

**Robert J. Haggerty**, assistant professor of pediatrics

**Frederic L. Hoch**, assistant professor of medicine

**John M. Kinney** '46, assistant professor of surgery and Henry E. Warren Fellow in Surgery

**Sidney Leskowitz**, assistant professor of bacteriology and immunology (MGH)

**John W. Littlefield** '47, assistant professor of medicine (MGH)

**Richard A. MacDonald**, assistant professor of pathology

**Morton N. Swartz** '47, assistant professor of medicine (MGH)

**George A. Talland**, assistant professor of psychology in the department of psychiatry (MGH)

**Franz von Lichtenberg**, assistant professor of pathology (PBBH)

**Warren E. C. Wacker**, assistant professor of medicine

**Carl W. Walter** '32, clinical professor of surgery

**Louis Wolff** '22, clinical professor of medicine

**Frank H. Gardner**, associate clinical professor of medicine

**John P. Merrill** '42, associate clinical professor of medicine

**Marian W. Ropes**, associate clinical professor of medicine

**Henry T. Ballantine, Jr.**, assistant clinical professor of surgery

**John R. Brooks** '43B, assistant clinical professor of surgery

**Thomas F. Dwyer**, assistant clinical professor of psychiatry  
**Anna Pappenheimer Forbes**, assistant clinical professor of medicine

**Hermes C. Grillo** '47, assistant clinical professor of surgery

**David Littman**, assistant clinical professor of medicine

**Joseph E. Murray** '43, assistant clinical professor of surgery

**Gordon S. Myers** '40, assistant clinical professor of medicine (MGH)

**William Bradford Patterson** '50, assistant clinical professor of surgery

**George F. Reed**, assistant clinical professor of laryngology

**William H. Timberlake**, assistant clinical professor of neurology

**Gordon F. Vawter**, assistant clinical professor of pathology

## Herrman L. Blumgart

One of the few living men who have been honored by the establishment of a named chair at Harvard — **Herrman L. Blumgart** '21 — will retire at the end of August to become professor of medicine, *Emeritus*. Simultaneously, Dr. Blumgart will retire as physician-in-chief and director of medical research at the Beth Israel Hospital.

In November of 1961, Harvard announced the establishment of the **Herrman L. Blumgart Professorship of Medicine**, the necessary funds having been contributed by his friends, colleagues, and former patients. His retirement brings to a close nearly 40 years of association with the Harvard Medical School and 34 years with the Beth

*Dr. Blumgart*



Israel Hospital. By presenting the first clinic to the incoming members of the first-year class, Dr. Blumgart has long been the student's first link with formal professional medical education.

Many of Dr. Blumgart's published works, now numbering more than 130, have dealt with the normal and pathologic physiology of circulation. Within the past decade, he and his associates have developed a method, used successfully on over 1500 patients, of relieving suffering from angina pectoris or congestive heart failure by inducing a thyroidectomy with radioactive iodine. The resultant lower metabolism reduces strain on the heart and relieves shortness of breath and heart pain.

In 1960, Dr. Blumgart was presented the Gold Heart Award of the American Heart Association for his contributions to cardiovascular medicine. He has served as president of the Massachusetts Heart Association and of the New England Cardiovascular Society, and is editor-in-chief of *Circulation*, the official journal of the American Heart Association.

During World War II, Dr. Blumgart served as Colonel in the Army Medical Corps. He was Medical Consultant to Headquarters of the Second Service, and Chief Consultant in Medicine to India-Burma and China Theatres, and was awarded the Legion of Merit with the Oak Leaf Cluster for his service. Dr. Blumgart became Physician-in-Chief of the Beth Israel on his return in 1946. He joined the Harvard teaching staff in 1924, becoming professor of medicine in 1946.

### Edward D. Churchill

With his retirement this summer, Edward Delos Churchill '20, who for more than 40 years has contributed to the growing field of surgery of the chest through laboratory investigations, applied operative surgery, and the teaching of medical students, becomes John Homans Professor of Surgery, *Emeritus*, and relinquishes his duties

*Dr. Churchill*



as chief of the general surgical services at the Massachusetts General Hospital. Dr. Berry has called his professional tenure "one of the longest and most important" in the history of HMS.

Notable among Dr. Churchill's achievements is the first operation performed in the United States for the relief of constricting pericarditis — a disease in which the membranous sac around the heart tightens and interferes with the flow of blood into the heart. Dr. Churchill demonstrated the safety of selectively removing diseased parts of the lungs in the treatment of chest diseases, and has contributed to the early development of surgery for cancer of the lung and pulmonary tuberculosis.

In his insistence on the development of the scientific attitude in his pupils, Dr. Churchill has refused to compromise with those who feared that scientific endeavor on the part of surgeons conflicted with the preservation of the humanitarian tradition. As a result, the "learning situation" in surgery, which has expanded from a brief apprenticeship to a highly personalized educational experience for pre-doctoral HMS students, is second to none.

Recipient of the Legion of Merit and the Distinguished Service Medal of the United States Army, and similarly decorated by Brazil, Italy, the British Empire, France, and Lebanon, Dr. Churchill was one of 15 outstanding MGH-trained doctors honored at the Hospital's 150th anniversary convocation in February, 1961. Under his direction, surgical research was established and strengthened, at the MGH, to the extent that the Hospital has won international repute for leadership in surgery and investigation in the surgical field. The citation presented to Dr. Churchill at that time read — "A man of many talents, his contributions to thoracic surgery, to the education of young surgeons and to military medicine have earned him the gratitude of a nation."

### Edwin B. Dunphy

After nearly 22 years of service as chief of ophthalmology at the Massachusetts Eye and Ear Infirmary, Dr. Edwin B. Dunphy '22 will retire at the end of the month. At that time he will become Henry Willard Williams Professor of Ophthalmology, *Emeritus*. The Williams Chair was established in 1893 by a gift to Harvard from Dr. Henry Willard Williams, a pioneer in ophthalmology in this country.

Dr. Dunphy is the author of numerous papers on various phases of ophthalmology, his investigations in recent years centering on the diagnosis of melanomas within the eye by uptake of radioactive phosphorus. "For contributions in research and clinical ophthalmology" Dr. Dunphy received the Howe prize in ophthalmology from the University of Buffalo in 1957, and, the following year, was cited by the honorary medical fraternity, Alpha





Dr. Dunphy

Omega Alpha. He is also a member of the Royal Society of Medicine (England). In addition to maintaining an active private practice, Dr. Dunphy has served as consultant in ophthalmology on the staffs of more than nine Greater Boston hospitals.

## Library Notes:

### Where's That Push-Button Library?

*"I do not know what I may appear to the world; but to myself I seem to have been only like a boy playing at the seashore, and diverting myself in now and then finding a smoother pebble or a prettier shell than ordinary, while the great ocean of truth lay all undiscovered before me."*

(Isaac Newton, 1642-1727)

*"As Newton found himself on the threshold of an uncharted ocean of knowledge, so we today find ourselves on the boundary of a wilderness of unassimilated facts. This is the information challenge of our time."*

(An IBM brochure on Information Retrieval)

Back in February 1951, *Scientific Monthly* published a piece of science-fiction, meant to be taken seriously, called "Blueprint of Knowledge; or, How to be Your Own Librarian in One Easy Lesson." It described an

imaginary push-button library — compact, all-inclusive, fully automatic, foolproof — which an amateur scientist would soon be able to have in his living room for easy, short-cut access to the world's knowledge. Hundreds of such articles, and many that are more sophisticated, plus IBM salesmen, are cumulative in their effect: they implant the notion that a library of books, journals, card catalogs, published indexes and abstracts — all in conventional format — is old fashioned and, much worse, an obstacle in the way of the scientist who must cope with the rapidly proliferating literature. There is usually a serious undertone of impatience when a member of the Harvard Medical community asks if it is true that the new Countway building is to have the usual periodical racks and book shelves rather than computers. The frustrations that arise out of the literature explosion seem to generate in the minds of some individuals an impatience with libraries for not providing automatic machines to store scientific information and to retrieve on demand unspecified, but presumably tailor-made answers.

The problem involves both mechanical feasibility and economic feasibility. It is quite possible to store in a computer and readily retrieve all the information contained in the Boston telephone directory; yet the conventional letter-press directory continues to be used because of many factors other than simple mechanical feasibility. There is, also, an important difference between simple, precise facts, such as two-plus-two-equals-four, readily handled by computer techniques, and nonspecific intellectual exploration, such as a scientist might undertake if impelled to learn what he could about any possible interaction between DNA molecules and lipids. Computers are in fact being used in certain library-like situations, such as in the Patent Office to search patents of steroid compounds and in another situation for storing and retrieving taxonomic information about plants. In the intellectual exploration type of situation, no successful adaptation of the method has been found.

Nor is there any lack of interest, study, and reporting. The National Science Foundation publishes a semiannual roundup, *Current Research and Development in Scientific Documentation*, which reports progress on hundreds of projects utilizing machines for information retrieval or conducting research in this field. It seems ironic that the literature on controlling the literature has itself become significantly vast.

At the moment, the Harvard Medical Library is exploring, with Columbia and Yale, a pioneering scheme for putting into a computer catalog card information relative to post-1949 monographs. The estimated two-year cost of this Catalog-on-Computer experiment is \$201,960. Is it worth the expense?

In any case, engineers are in a position to create the necessary machines (the "hardware") to process scientific information, but they still need to learn precisely what the scientist wants the machines to do.

But there is hope. Our understanding of the scien-



title communication problem does increase, and machines are being used here and there to shorten or simplify the task of using the literature. The Harvard Medical Library has installed the latest type of electrostatic machine for text copying, and we hope soon to have a telefacsimile link with the Massachusetts General Hospital. The new Countway Library will utilize machines as they become available and appropriate to the needs of readers.

For a while yet, the Countway will be a library of books and journals, but who knows what manner of push-button library may some day deliver within its walls undreamed-of information services.

RALPH T. ESTERQUEST  
LIBRARIAN  
HARVARD MEDICAL LIBRARY

*A dramatic view of students engrossed in the June 6 fire that destroyed a two-room suite in Vanderbilt Hall.*



photo, Herman Goslyn

*Head table at the Harvard Club dinner commemorating the establishment of the Joe Vincent Meigs Professorship of Gynecology, and the appointment of Howard Ulfelder '36 as the first incumbent of the Chair. Left to right: Dr. Ulfelder; Maurice Fremont-Smith '18 (who was presented at the dinner with a plaque to be hung at the Vincent Memorial Laboratory honoring him as one of the Laboratory's founders); Charles Fox Hovey, chairman of the board, Vincent Memorial Hospital; Dr. Berry; and Dr. Meigs. Under the terms of the agreement by Harvard, the incumbent of the new chair will serve simultaneously as chief of staff of the Vincent Memorial Hospital.*





# DIAGNOSIS DEFERRED:

## *In Regard to Opening Wedges*

The even tenor of medical progress, onward and upward forever like that of the mankind that it serves, has, nevertheless, had its interruptions from time to time. An indignant profession, like the embattled pharmaceutical manufacturers when their concord was threatened by the red-coated forces of Kefauver, has fired several shots heard round the world and has locked horns even with the White Father on the Potomac. Its opposition to certain legislation that the Administration favors resulted from the zeal of its organized membership to preserve free choice of physician by patient, and even vice versa; free choice of hospital by physician; the confidentiality of physician-patient relations, and fee (if any) for service rendered.

For the most part it has been the still large private practicing arm of the profession that wants to make haste slowly; that is disturbed by what it believes to be the inequities as well as the inadequacies of the currently debated plan to tether eldercare to Social Security. Thus fourteen million persons, the opponents of the measure aver, would receive the benefits of the plan without having made very much of a contribution to it; three or four million in the eligible age group, not being on Social Security, would be left out unless compromises are effected, and the legally eligible well-to-do would receive the same benefits as the entirely eligible ill-to-do — partly at the expense of the latter, since the increased tax would apply only to the first \$5,200 of anyone's earnings. Obviously nothing can be done about this, since a means test to determine fiscal eligibility would be a reproach in a democracy such as ours.

So far as the adequacy of the

program is concerned, its limitations seem to be lost in the din occasioned by the clash of arms. For its benefits amount only to ninety days in the hospital and twice that many in a nursing home, subject to a \$90 deduction to be paid by the recipient. Since no medical or surgical fees are included and the traditional patient-doctor relation of fee for service is therefore not disturbed, one may idly wonder why the great majority of physicians are carrying the torch, one of the most conspicuous results of their energy being more mud in the eye of the doctor's image as the public has been taught by many a columnist to see it. But passage of the bill would be another in a long series of opening wedges for socialized medicine.

On the presumption that a loyal opposition should be part of any political activity in a democracy, it must be a healthy sign, as one follows the freedom trail, to note that there is professional opposition to the professional opposition to the King-Anderson bill. This seems to have sprung mainly from the academic and cultural cohorts of the profession, representing, one suspects, its intelligentsia. This may easily include the local group that rose in great numbers last May, like the patriots who gave substance to Patriot's Day, to defeat the proposed amendment to the bylaws of the Massachusetts Medical Society that would have made membership in the AMA a matter of compulsion.

This same group probably included to a considerable extent the 300 petitioners who not long ago sent their own freedom riders to Washington pledging adherence to the principles of the proposed compulsory measure that would link eldercare to Social Security. The attitude toward

compulsion in a democracy depends on its popularity in any given case.

It is difficult to say whether the popularity of the King-Anderson bill itself or the popular unpopularity, in various circles, of the American Medical Association, which opposes it, activated the great turnout in May of so many generally inactive fellows of the Massachusetts Medical Society. If this sudden movement of the elite masses could be translated into a perennial interest in the Society, it could do much for the co-ordinated progress of medicine in these parts.

One cannot but harbor the suspicion that some of the bloodiest battles in history have been fought over issues that would have simmered down to nothing in the course of time if nature had been allowed to take its course. But, unfortunately, one of the most irritating of human characteristics is the urge to bolster one's personal point of view by refusing to find any merit in that of one's opponents.

There are, of course, fundamental rights and wrongs that no amount of argument can reverse. These basic concepts persist as contrasting whites and blacks, regardless of the usual tendency to blend into various shades of gray. In most human differences neither side is all right or all wrong, and often a willingness on the part of each to sit down and listen to the other's arguments might conceivably result in a compromise that would include the virtues of each.

In the present collision over the method of getting the elder citizen under cover, the object of so much solicitude is indeed fortunate. He has devoted champions in both the Administration and the (organized) medical opposition, neither of which can possibly have any private axe to grind.





NATHANIEL HAWTHORNE

sketch, A. Barry.  
photo, Widener Library.



# HAWTHORNE'S UNFINISHED WORKS

BY JOHN H.  
LAMONT '46

**B**EFORE he left England in 1858, Nathaniel Hawthorne began a novel about an American heir to an English estate. He broke off after six weeks' work on it. Back in Concord three years later, he returned to the same story. Again, after two years of writing and a great deal of difficulty, he gave it up. The novel he then tried to write, although on the surface a different story, brought in many of the same themes and dealt with the same central issue. This, too, was given up. Finally, in the last months of his life, Hawthorne embarked on one more attempt; in all, he left twenty-two preliminary studies, five longer drafts, a scenario and three chapters. He was not only unable to write to completion; he was unable to write well, or to write to his own satisfaction.

At times he broke off the narrative to review the plot, worry over characterizations, and express frustration and despair. Names were shifted; recurrent preoccupations were brought back in from earlier versions; there were slips of pen, gaps and inconsistencies. E. H. Davidson\* remarks that "when he got into trouble, Hawthorne did not take a walk, or smoke a cigar. He confided to the very body of the tale he was writing all his difficulties and all his frantic, almost hopeless, attempts to make some sense of what must at times have seemed to him a virtually senseless tale. . . ."

There is no reason to believe that Hawthorne had had this difficulty before. Usually, he wrote rapidly — *The House of Seven Gables* in five months, and with remarkably little revision. Even of *The Marble Faun*, written after the first attempt on the English novel, there were only two drafts.

There is no generally accepted explanation for this failure; the passage of time and Hawthorne's own reserve have hidden the only kind of information from which a full explanation could be derived. But evidence of the failure has been remarkably preserved. Although he requested that all of these manuscripts be burned after his death, the first attempt was published, as written, under the title *The Ancestral Footstep*. The second, published in a much edited version as *Doctor Grimshawe's Secret*, has recently been brought out by Professor Davidson in an exactly faithful edition of the six preliminary studies and two longer drafts. Of the third attempt, one draft was published as *Septimius Felton*. In his book, *Hawthorne's Last Phase*, Davidson has reproduced eight preliminary studies of Hawthorne's final attempt, *The Dolliver Romance*. Three chapters of the last work

\*See references, p. 20.

Many artists of recognized genius have had periods of creative failure. A study of these should throw light on the nature of conflict solution in creative production. I have chosen Hawthorne for this study because of the unique documentary evidence of such failure. This paper does not deal with the questions of why Hawthorne became a writer, why he wrote well; nor even, in any final way, with why he could not write well in his last years, but with what happened when he tried and failed.

were published posthumously, but parts of them have been permanently lost.

Both *The Ancestral Footstep* and *Doctor Grimshawe's Secret* are stories of an American who comes to England with the half-serious idea of discovering an ancestral estate and title, to which it turns out that he is heir. This was a preoccupation of Hawthorne's own. He wrote in his English Notebooks, "My ancestor left England in 1635. I sometimes feel as if I myself had been absent these two hundred and eighteen years. . . ." He wrote to James T. Fields\*, "I wish you would call on Mr. Savage, . . . and ask him whether he can inform me on what part of England the original William Hawthorne came from. . . . Of all things, I should like to find a gravestone in one of these old churchyards, with my own name upon it. . . ." Hyatt Waggoner\* has indicated earlier evidences of this preoccupation: "Long ago he [Hawthorne] had identified himself in his imagination with an English relative when he had written stories of Jervase Helwyse and Gervase Hastings, for there had been a Gervase Elwes, a baronet, in the family."

This sense of strange familiarity is echoed in both *The Ancestral Footstep* and *Doctor Grimshawe's Secret*. In the latter, the American has been brought up from childhood by an old man who knows of his ancestry and who has accumulated evidences of the boy's tie with the English title. The American's half-conscious memories of what the old man told him are to account for the familiarity of the English scene. The tradition of the Bloody Footstep, for example — a motif which through all four novels remained for Hawthorne a persistent and yet unusable obsession — was supposed to have been told to the American in his childhood by the old man. Yet when he introduced it in the first draft of *Grimshawe*, Hawthorne traced it back to an even earlier past: "'To tell you the truth . . . either my nurse or my mother told me the story, when I was a baby, or else I dreamt it. . . .'"

Just as *The Ancestral Footstep* and *Doctor Grimshawe's Secret* center on an American's search for an English title so *Septimius Felton* and *The Dolliver Romance* are built around a search for an elixir of life. That the search for an elixir of life is also a search back into the earliest years of childhood appears in two passages from the preliminary studies to *The Dolliver Romance*:

. . . There should be some particular reason for which he wished to live back — for instance, in order to discover some secret, left untraveled in his previous youth. . . .

\*See references, p. 20.

Dr. Lamont, acting director, child psychiatry unit, MGH, and instructor at HMS, received the Deutsch Prize for his paper "Hawthorne's Last Novels — A Study of Creative Failure," of which the above is a shortened version. The Deutsch Prize, established by the Boston Psychoanalytic Society in 1955 in honor of Drs. Felix and Helene Deutsch, is given to the author of the best scientific paper submitted during each academic year.

In subsequent drafts, Hawthorne imagined Dr. Dolliver not only as being immortal but as growing younger, back to childhood.

. . . there must be some mystery, which perhaps, missing it all through maturity, he discovers when he is a little boy again; and as the story ends, you shall see it in his childish eyes.

Since all of Hawthorne's last unsuccessful efforts deal with a search into the earliest years, whether represented as a lost birthright or as an elixir that allows one to retrace one's life, we should perhaps turn first to what is known of Hawthorne's own early years before pursuing the novels themselves.

**H**AWTHORNE was born on the fourth of July, 1804, in Salem. His father was a sea captain, as had been his grandfather. Salem was a seafaring town, but it was in decline, economically. Certainly Hawthorne himself saw Salem as unprosperous and his own family as undistinguished.

When he was four, his mother told him that his father had died of yellow fever in Surinam. From the records it appears that his father returned from a voyage when Nathaniel was three months old, and was, of course, away when he was four. Hawthorne probably did not see much of his father and could have remembered little of him. Yet it seems remarkable that there is not one explicit mention of him in all his prefaces, letters and notebooks, or of his death. It is not known why Hawthorne changed the spelling of his name from Hathorne, as it had been before. Beyond that, in his tales and novels, there is little reference to the sea, to ships or to men who went to sea. For one who spent most of his earlier years in Salem, who worked in the Custom House there, in the shipyards in Boston, and was consul in Liverpool, this seems unusual.

Hawthorne had a preference for using past over present, fantasy over reality. Although he kept extensive notebooks of observations, as a reservoir of material for his writing, he used little of it. He sometimes put on a half-apologetic manner in commenting on this himself. In "The Custom House: Introductory to the Scarlet Letter," he said:

. . . It was folly, with the materiality of this daily life pressing so intensively upon me, to attempt to fling myself back into another age; . . . The fault was mine. The page of life that was spread out before me seemed dull and commonplace, only because I had not fathomed its deeper import.

It is possible, on the other hand, that Hawthorne's finding the present "dull and commonplace," and turning instead to a more vivid past, was an attempt to find a solution to issues raised by his father's death. Certainly, while he avoided reference to his father, he more immediately related himself to his more distant paternal ancestors, and their features appear again and again in his tales. Speaking of them in another passage of "The Custom House," he says:



The figure of that first ancestor invested by family tradition with a dim and dusky grandeur, was presented to my boyish imagination, as far back as I can remember. It still haunts me, and induces a sort of home feeling with the past, which I scarcely claim in reference to the present phase of the town. He had all the puritanic traits, both good and evil. He was likewise a bitter persecutor, as witness the Quakers, who have remembered him in their histories, and relate an incident of his hard severity towards a woman of their sect, which will last longer, it is to be feared, than any record of his better deeds, although these were many. His son, too, inherited the persecuting spirit, and made himself so conspicuous in the martyrdom of witches, that their blood may fairly be said to have left a stain upon him. . . .

Undoubtedly, Hawthorne presented such a picture of his ancestors, and his relation to them, only half-seriously. The figures with whom he identifies and contrasts himself are outstanding, with elements of both good and evil. The evil, in both cases, is that of cruelty to women — the persecution of a Quaker woman by William Hawthorne and of witches by John. The figure represented by both seems to be that of the father as seen by the child in an early Oedipal period.

Of Hawthorne's early years, one or two more facts need be mentioned. After his father's death, Mrs. Hawthorne moved the family, Nathaniel and two daughters, to her own parents. M. Van Doren\* remarks, "It is interesting that the captain's widow had not turned to his own family for help . . . Nathaniel grew up under no influences from his father's side . . . Most of his days were spent in the company of women." Van Doren refutes the "sentimental legend" that Mrs. Hawthorne, after her hus-

\*See references, p. 20.

*The porch of the Dr. Nathaniel Peabody House, built in 1790 — the scene of Hawthorne's Dr. Grimshawe's Secret.*  
photo, Essex Institute, Salem.



band's death, shut herself away from the world and from her children. Little is known of her relation to him; if the legend is untrue, the known facts are without color.

Hawthorne said, much later, in 1849, when she was dying: "I love my mother, but there has been, ever since my boyhood, a sort of coldness of intercourse between us, such as is apt to come between persons of strong feelings, if they are not managed rightly."

The subsequent facts known of Hawthorne's life add little. He led an outwardly serene, almost dull life, and was himself, even to those closest to him, opaque. One of his closest friends once said, "I love Hawthorne; I admire him; but I do not know him. He lives in a mysterious world of thought and imagination which he never permits me to enter."

HAWTHORNE'S first attempt was what has been published as *The Ancestral Footstep*. It is actually a series of dated entries, as in a journal, running from April 1 to May 19, 1858. There are fresh starts, interruptions to summarize the plot, and inconsistencies. The starting point of the story, as already said, is the idea of an American seeking English estate and title. In the first entry, the American, Middleton, is found walking through the English countryside, somewhat at random, but with this quest on his mind. Hawthorne describes his mood:

In all his life, including its earliest and happiest days, he had never known such a spring and zest as now filled his veins, . . . this spirit gave to the beautiful country which he trod a still richer beauty than it had ever borne, and he sought his ancient home as if he had found his way into Paradise and were there endeavoring to trace out the sight [site] of Eve's bridal bower, the birthplace of the human race and its glorious possibilities of happiness and high performance.

The special mood, the analogy of "his ancient home" to Eden, the reference to "glorious possibilities of happiness and high performance," and the slip of pen — "sight of Eve's bridal bower" for "site" — point to the immediacy of an infantile fantasy. Its components are numerous: the recovery of something lost in childhood; a primal scene; the expectation of gratification and power.

On his journey, Middleton falls in with an old man "who interested him more than most of his wayside companions; the more especially as he seemed to be wandering without an object, or with such a dreamy object as that which led Middleton's own steps onward." This, then, is a double quest, both figures seeking each other; as the story evolves, this is more strongly expressed in the persistent idea that both the American and the English family have parts of the puzzle which, if put together, will resolve some ancient question of the inheritance.

In the first entry Middleton hints of his journey's object to the old man:

I can conceive, even, that this might be of importance in settling the heirships of estates; but which now, only the two insulated parts of the story being known, remain a riddle, although the solution of it is actually in the



world, if only these two parts could be united across the sea, like the wires of an electric telegraph.

The old man asks whether Middleton knows of any such tradition, and the entry breaks off.

The next entry is dated almost two weeks later. The narrative is begun again, disconnectedly, and at a point further along in the story. Middleton is found in a setting which Hawthorne saw and was struck by when in England. Leicester's Hospital was an old men's home, set up centuries before, invested with the past, a refuge for which a few, by heredity and by tradition, were eligible. In later versions of the novel, Hawthorne enlarged on the special nature of this place, so that the features of it which struck him emerged — its antiquity, the inmates' right to it as a kind of patrimony, and their passivity once there. Middleton finds himself there; in later versions it appears that he has been injured and brought there unconscious. He meets his host, the warden of the Hospital, and again, as with the old man, they fall into conversation touching close to the subject of Middleton's quest, "but still he kept it within, from a natural repugnance to bring out the one romance of his life." The narrative shifts then to a brief mention of a young woman who has been present, and breaks off.

The third entry is another beginning, further along.

So here was Middleton, now at length seeing distinctly a thread, to which the thread that he had so long held in his hand . . . might seem ready to join on. He felt as if they were two points of an electric chain, which being joined, an instantaneous effect must follow. Earnestly as he would have looked forward to this moment (had he in sober reason ever put any real weight on the fantasy in pursuit of which he had wandered so far) he now, that it actually appeared to be realizing itself, paused with a vague sensation of alarm. . . .

With these thoughts, Middleton awaits the young woman, Alice. He believes he hears her approaching but it is the old man of the first entry. Surprised, Middleton asks his connection with Alice. The old man calls her, saying, "Here is one who would know what is the link between a maiden and her father." Alice comes, and says, "Hush, father. It is not time."

At this point, Hawthorne again interrupts the narrative to summarize the plot. These first three entries give early indications of what is to be an endless series of difficulties. Each time the story reaches a point at which something may happen to join the two points of "the electric chain," it breaks off. Hawthorne's own ambivalence is echoed in Middleton's doubts. There is here, too, a hint of what later becomes a major device to evade the conflict: there are two old men, the one of his walking journey, who reappears in the third entry as Rothermel, and the warden of the Hospital. One is introduced as the person to whom Middleton will speak of his quest; he is dropped for the other, and then the latter is dropped in turn. The nature of Hawthorne's difficulty with this figure, scarcely suggested here, is amply shown in the drafts of *Doctor Grimshawe's Secret*.

In his abstract of the plot, Hawthorne summarized the background for the quest for a lost inheritance. He needed a reason why an ancestor of the American hero should have left England two hundred years before and not claimed title to the estate, though he had the right. Hawthorne wished to have it that some crime had been committed. He had also decided that this was to be connected with the tradition of the Bloody Footstep.

IN 1855, during his stay in England, Hawthorne visited an estate with a remarkable tradition. In the 16th century, a heretic had been tried and condemned there; he was supposed to have stamped his foot on the threshold, and to have left the indelible print of a bloody foot. The Bloody Footstep was, for Hawthorne, a highly charged symbol. It is brought in over and over in the last four works, yet it is never integrated into the story. Hawthorne was sure that it should have something to do with the American's ancestor having left England, and even that it may have been his footstep, but why and how, he never was able to settle. Through all the references to it and versions of its tradition, certain features remain constant: It is associated with the distant past, with a crime in the family, and, obviously, with a man's being injured. Hawthorne had wanted to fit his own foot into the footstep, and had his hero do so, too.

Recalling the description of Ned's memories of the Bloody Footstep, quoted earlier, it would seem that the remote past here also represents the personal past, at a period beyond, or almost beyond, the range of memory. The impulse is to step into the Bloody Footstep, to reunite with the past, and to identify with the injured father. But there is also a recoil and a tendency to go back to America, to renounce this reunion. In his summary of the plot, in this entry, Hawthorne favored the latter course. At this point, the entry ends.

In the next two entries, Hawthorne returns to Middleton, who wavers between pursuing his search and giving it up. He then introduces a curious complication into the story: the warden tells him that another claimant to the estate has turned up, whom Middleton has known nothing about. Again, it is as if the search for patrimony could not be directly pursued. Middleton again doubts whether to continue or turn back.

Taking leave of the "kind old master," he wanders to the woods of Chace, that is, of the estate he thought to acquire. As he walks there, he is stopped by a hand upon his shoulder, and is accosted by Eldredge, the present owner of the estate. "Middleton's blood boiled at the grasp of that hand as it never before had done in the course of his impulsive life." He shakes him off; they quarrel briefly, and Eldredge attempts to strike Middleton with the butt of his gun. Then, in the last sentence of this entry, a slip of the pen occurs.

It [the gun] came down heavily on Middleton's shoulder, though aimed at his head; and the blow was terribly



avenged, even by itself, for the jar caused the hammer to come down; the gun went off, sending the bullet downwards through the heart of the unfortunate man, who fell dead upon the ground. Eldredge stood stupefied, looking at the catastrophe which had so suddenly occurred.

Hawthorne, clearly intending to write "Middleton," had written "Eldredge" instead. The effect of such a slip of the pen is to reverse the event, so that Middleton is killed. The quarrel between the two is touched off by Middleton's trespassing on the estate to which he hopes to be the heir; he would displace Eldredge. His ambivalence in this hope — and Hawthorne's — has been indicated. Even his trespassing is "by chance, or however it was." The death is accidental, occurring more as a result of Eldredge's attack upon him; that is, Hawthorne takes care that Middleton is blameless, even almost becomes the victim.

In the subsequent course of the story, Eldredge's death is dropped, and the narrative proceeds as if it had never occurred. Middleton continues his search, and visits the estate. Twice he comes upon the mysterious cabinet that is supposed to contain the documents that will establish his right to the estate.\* In one version he finds the cabinet empty; in another, he sees the documents but out of some compunction leaves them alone.

From time to time Hawthorne outlined the projected plot: Eldredge is to attempt Middleton's life in some symbolically charged way — an attempt that is to recoil upon himself. Having established his right to the estate, Middleton will renounce it and go, with Alice, back to America. In the middle of one of the summaries *The Ancestral Footstep* breaks off abruptly. Hawthorne's difficulty in getting his story moving is paralleled by his hero's difficulty in pursuing his goal. That the latter is in some sense Oedipal, I think, is apparent. The hero is to take over the ancestral estate and title; he is also to marry Alice, who is sometimes linked to Eldredge and sometimes to the old pensioner. This uncertainty is understandable, for the pensioner represents the benevolent father, who will assist the hero; Eldredge, the malevolent one who will oppose him. Hawthorne's plan that Middleton would acquire the right to the title, but then renounce it and return to America, should have been an acceptable compromise. But his hero cannot get started; the benevolent father gradually gives way to a new character, and the hero, when he reaches him, is all but immobilized. When he does encounter the rival father, the parricide is reversed, and abandoned. The identification with the father, who has committed crime and is himself injured — the image of the Bloody Footstep — cannot be made, yet cannot be given up.

IN the summer of 1860, two years after the attempt with *The Ancestral Footstep*, Hawthorne started again on this story, as *Doctor Grimshawe's Secret*. Davidson observes that "he was so unsure of himself that, for the

\*The theme of the cabinet, or, as it also appears, casket, is not discussed here, although it recurs in all four novels.

first time in his life (so far as any evidence survives), he jotted down a series of experimental studies." From these studies, it can be seen that he at first planned to tell much the same story, but decided to begin it in America, with the hero's childhood. The latter is an orphan, brought up by an eccentric old doctor who knows of his claim to the English title, and grooms him for it. In the household there is also a little girl the hero's age, whose relationship to the old man is unclear.

After nearly a hundred pages, Hawthorne has the old doctor die somewhat abruptly, and the scene shifts to England years later — where *The Ancestral Footstep* opened. Three things, however, still present difficulties: the characterization of the old pensioner, who helps the hero in his quest, the characterization of the present owner of the estate, and the nature of the crime that occurred in the distant past. Of the figure who appeared previously as Eldredge, Hawthorne wrote in one study:

The noble must have some mark upon him, some fatality; something inherited, which shall represent the craft, the bloody force, the wrong, by which the honors of his race have been obtained. The difficulty is, in this state of non-adventurousness, to introduce any crime. I must think and seek for evil, such as a gentleman and a nobleman can commit.

Months later, and well along in the first draft of *Doctor Grimshawe's Secret*, Hawthorne, in one of his asides, still struggles with this characterization:

The life is not yet breathed into this plot, after all my galvanic efforts. Not a spark of passion as yet. How shall it be attained [?] The Lord of Brathwaite Hall shall be a wretched, dissipated, dishonorable fellow. . . . Could I but achieve this, I should feel as if the book were plotted: otherwise, not. Something monstrous he must be, yet within nature and romantic probability — hard conditions. A murderer — 'twon't do at all. A Mahometan? — pish! If I could only hit right here, he would be the centre of interest. . . . Nothing mean must he be, but as wicked as you please. Shall he be preternatural? Not without a plausible explanation. What natural horror is there? A monkey? A Frankenstein? A man of Straw? A man without a heart, made by machinery? . . . A resurrection man? What? What? What? A worshipper of the sun? A cannibal? A ghoul? A vampire? A man who lives by sucking the blood of the young and beautiful? . . . The Doctor, before he left England, had contrived a plot of which this man is the victim. How? He has been poisoned by a Bologna sausage, and is being gnawed away by an atom at a time. He shall need a young life every five years, to renew his own, and he shall have fixed upon Elsie for his next victim. Now for it! How? At any rate, he must have dreadful designs on Elsie — dreadful, dreadful, dreadful. . . . Let the real difference between him and other people be very small — but pile up upon it. Ye Heavens! A man with a mortal disease? — a leprosy? — a eunuch? — a cork leg? — a golden touch? a dead hand? — a false nose? — a glass eye? . . .

The breakthrough of fantasy in Hawthorne's desperate and extravagant struggle with this image is clear. For the moment he had lost the possibility of distributing the essential elements among several figures or of work-







dying. This is the forerunner of the novels of the elixir of life. The shift was to passivity and immobilization, the same solution with which Leicester's Hospital beckoned. Hawthorne wrote of the Hospital in one of the last paragraphs of the second draft:

He thought within himself, that his prospects in his own galvanized country, that seemed to him a few years since, to offer such a career for an adventurous young man, conscious of native power, had nothing so enticing as such a nook as this, a quiet recess of unchangeable old time, around which the turbulent tide of war eddied, and rushed, but could not disturb it. Here, to be sure, hope, love, ambition, came not; but here was — what, just now, the early wearied American could appreciate better than aught else — here was rest.

The second draft of *Doctor Grimshawe's Secret* — which was largely an attempt to rewrite those parts of the first that were least ambiguous — ends on this note, as the first had ended with the story of the undying prisoner. Hawthorne made no further attempt to write his "English novel."

Instead, he took up another idea at hand. Thoreau had told him of a predecessor in the Wayside who had resolved never to die, and he conceived a young minister, Septimius, who tried to compound an elixir of life. Gradually, through eight preliminary studies, some of the props of *Grimshawe* crept back in: the disputed English estate, the Bloody Footstep, an iron box, a silver key. He was still dealing with the same problem. In the fourth study, he wrote:

The ancestor of Septimius had left England, on account of some dark domestic tragedy. . . . In the next generation, the grandson of the old wizard is a clergyman . . . with something of the devil in him still. He marries a beautiful and tender maiden, who softens the race a little. Then there are two generations of husbandmen, in whom the talent of the race, and their dark characteristics seem dormant; to awaken again in Septimius.

Here again talent and success were linked to "dark characteristics": Hawthorne's attempts to follow this show evidence of the same difficulties as in *Grimshawe*; there were uncertainties as to whether the heroine should be a sister, a half-sister, or no relation; there was a murder but it was unintentional. Septimius' pursuit of the formula was as hesitating and balked as Middleton's quest.

HAWTHORNE struggled with this story from 1861 to early in 1863, and finally gave it up to work on a different version in which the person seeking the elixir was, as he was himself, an old man. In the preliminary studies, there were still signs of the old problems. He said to himself in the third study for example:

The central thought: the central thought. The title to an estate in England? To find whether a child were alive that he had lost long ago? He has been long regretting some error in middle life, or earlier, which he thinks, has caused a long ill success through subsequent years: He wished now to return and retrieve that error, in the hope of living to some purpose thereafter?

In the end, these ideas were given up, and Hawthorne had the old doctor wish to live on only to see his granddaughter grow up — probably a perfectly autobiographical picture.

The problem seemed insoluble. Hawthorne was looking for, and projected into the quests of his heroes, a source of strength and success linked with the distant past, whether seen as a patrimony or an elixir. One could call this a search for the father, but it would seem actually to be a search for part of himself. It was as if the Hawthorne of the surface — gentle, urbane, reserved, successful but never quite seeing himself as such, and certainly, not financially successful — sought in his last novels to recover another side of himself, a side which had both elements of power and grandeur and elements of cruelty and damage. Hence his became a double quest, each side seeking the other; hence, too, his anxiety about the actual finding, causing his tendency to bog down in the search.

Because the figure sought is the dead father, or the introject of one whose actions lead to death, finding him and reuniting with him is like dying. The elixir of life, in both *Septimius* and *The Dolliver Romance*, is, in overdose, fatal, as *The Ancestral Footstep* was to end in a murder that turns into a suicide, and as both drafts of *Grimshawe* end on a theme of immobilization. Hawthorne had tried to resolve the issue by separating the elements of this figure into several characters — a good, helpful old man and a sinister rival usurping the estate — but in his struggles over their characterization, he saw them in the same terms, and they became the same figure.

The theme of a search for patrimony had not always been unworkable for Hawthorne. "My Kinsman, Major Molineux," one of the best of his tales, set in a period of conflict between crown and colony, deals with just this. It is the story of a young man, Robin, who comes to Boston to find his wealthy and prominent relative, Molineux, to help him rise in the world. After a mysteriously frustrating search, Robin discovers that Molineux is an unpopular Tory, and sees him tarred and feathered, and ridden out of town. Much of the body of the story is a series of encounters, during his nights' search, between Robin and various persons in the city from whom he tries to obtain Molineux's address. Robin misunderstands their unwillingness to tell him, and their laughter, and the reader is only a little ahead of Robin in understanding the strange features of his nights' search which give it a dream-like quality.

The resolution Hawthorne elected is that Robin sees his kinsman brought down — by other hands — and has to give up his help. This is the choice with which *The Ancestral Footstep* should have ended, and could not. At the same time, Robin repudiates, in part, his identification with Molineux, and becomes partly identified with those who have overthrown the major.

This is not explicit: Robin is pursued by laughter after each of his unsuccessful encounters; in the climax,

the crowd laughs at the humiliated Molineux, at which point Robin involuntarily joins in, and his laugh is the loudest there.

Contrast this with the hesitancy and prolixity of *The Ancestral Footstep*. Granted, one is a finished tale and the other a preliminary draft, yet there are reasons to doubt that Hawthorne's tales labored through such drafts. The solution is to the same problem. Many of the same devices were used: the distribution of several facets of the father's image among different characters† — Molineux, the diabolical stranger and the friendly gentleman — the use of ambiguity, the blending of fantasy and reality. "My Kinsman" opens, as does *The Ancestral Footstep*, on a note of hopeful expectation. Robin's hope, however sincere, is thwarted by outside obstacles and not, as in *The Ancestral Footstep*, by inner doubts. As Simon O. Lesser\* observes, there are some hints of inner reluctance: Robin forgets to ask the ferryman the way, decides not to ask the watchman, and throughout, fails to ask the crucial question about his kinsman and misinterprets what he does hear. But these are only hints; the burden of the conflict is carried by the story, not by the hero. The solution of the conflict is not directly stated; presumably Robin might have stayed on in the city to seek his fortune, possibly with help from a new father. His ultimate relation to Molineux is not pursued, nor are his relations to the friendly gentleman or to the two-faced stranger. No final resolution was forced because, of course, it was a short story and not a novel.

From this, it might appear that the relative success of "My Kinsman" over the last novels was accidental: the form and the setting lent themselves better to the problem Hawthorne wished to solve. I doubt that this is pure accident. Something of how Hawthorne's tales evolved in his mind can be gathered from his notebooks and from his own remarks about his writing. "My Kinsman" was written before the earliest of Hawthorne's published notebooks, so that we have no way of knowing how long the initial idea was in his mind, or in what form. But from the others in his notebooks, we can guess something about it. These germinal ideas generally took the form of a situation, and usually of a completed action or an outcome. They were usually symbolic, almost allegorical. The tale, as it eventually developed, became an extended statement of this situation and the events leading up to it. Best known of these is *The Scarlet Letter*, which appears in "Endicott and the Red Cross," in 1837, reappears in his notebooks, in 1844, and finally in the novel. The process can be described as that of discovering a ready-made solution to an issue, one in which irony and symbolic appropriateness are conspicuous. Hawthorne then visualized the situation in greater detail and gave life and realism to what would otherwise have remained allegory.

†This distribution of the image of the father among several figures is similar to that described by Kris in "Prince Hal's Conflict."

\*See references.

SEEN from the vantage of comparison with "My Kinsman," Hawthorne's difficulties with *The Ancestral Footstep*, *Grimshawe*, and perhaps the last two novels as well, may be described, in summary, in terms of conflict solution. The conflict was between repudiation of an identification with his father — seen as a powerful Oedipal figure, with unlimited potential for success, but also for evil — and acceptance of such an identification, which carried with it the danger of injury and death. More exactly, the identification had already been partially made and partially rejected. The problem was how to express in fiction a satisfactory resolution of these conflicting elements. Hawthorne had been able to accomplish this before, even when he used the same motif of a quest for patrimony. When he attempted the last novels, however, he too directly assigned his hero this problem, without any resolution in mind; hero and author were too close together, and both could make no progress. Beyond that, he projected the entire conflict on each of the several figures and then, unsuccessfully, attempted to resolve it in their characterization instead of in the action of the story. Where, before, his imagination had been caught by a dramatic situation which offered a partial resolution, he now sought to evolve one consciously. Not only could he not do so, but in his efforts, more and more explicit derivatives of the unconscious fantasy broke through, compounding the difficulty.

The further reason for Hawthorne's having this particular kind of difficulty at this point is not evident from the novels themselves. If biographical information were more complete, perhaps some answer would be seen. From what we do know, it seems that the last novels were more forced than the earlier ones, both by his financial needs and by ambition. It is conceivable that this may have seriously interfered with the process by which Hawthorne reached creative solutions to conflict. Undoubtedly his failing health played some role, at least in the last two novels. While this could be seen simply as the effect of a diminution of energy, I would think, too, that illness, and perhaps external events, tended to press him towards a passive solution to the conflict. Then it was as if the passivity invaded the writer from the novel itself. Hawthorne once anticipated some such fate in one of his plans for a tale:

A person to be writing a tale, and to find that it shapes itself against his intentions; that the characters act otherwise than he thought; that unforeseen events occur; and a catastrophe comes which he strives in vain to avert. It might shadow forth his own fate, — he having made himself one of the personages.

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# TO EAST BERLIN FOR PRIMATES

by G. E. Erikson

After taking part in primate symposia in Germany and England last Spring, I extended my trip for a month to do research at six European museums. Berlin's Zoological Museum was the most important of these. As the result of several famous expeditions during the last century, its skeletal collections of certain rare primates are the largest in the world, and, of certain other genera are second only to our own here in the Warren Museum.

But Humboldt University (the new name given to Berlin University by the Communists) is in the Eastern Sector of the city, and I had been advised, half-seriously, that it might be simpler and safer to retrace the routes of these expeditions myself rather than to make this one-mile foray into Communist territory. From press and radio reports I had formed the bleakest possible picture of a world of unrelieved drabness, poverty, hunger, fear, enslavement, and utter despair. I expected that most of the Germans left in the Eastern Zone would be too weak or unprincipled to do anything but endure the Communist regime; that others would be too intimidated to speak critically of it; and that the Communists would be such warped victims of indoctrination that it would be only exasperating to try to communicate with them. I also expected severe limitations to be set on my activities there.

Thus prepared, I interpreted everything in this light during my first few hours in East Berlin and, not surprisingly, I found what I was looking for. In retrospect, as I try to recapture the horror and suspicion I carried in with me, I'm astounded at the effect of predisposition, and can well imagine how it can increase, spread, and bring about reactions from adversaries, real or imagined. This was a very telling and sobering experience; such conceptions are the stuff of which wars — cold and hot — can be made.

Actually, I soon found East Berlin to be not markedly different, in many respects, from other European cities. Despite the unnatural division of the city by the wall, entry and exit were hardly more ominous or complicated than at international borders. I was perfectly free to explore and photograph throughout the city, except along the wall and near military installations. The people seemed well-nourished and well-dressed. I met with open courtesy and friendliness from everyone, *Volkspolizei* included. I had made a point of openly carrying in Western newspapers and a transistor radio — much to my surprise the border police did not object.

I listened to non-Communists, even in the presence of Party members, expressing their opinions for and against Communist policies. I found Party members free and open in their discussions of controversial points. They frequently admitted failures in the past and regretted certain restrictive or punitive practices which they considered less than ideal, but necessary under present circumstances. In turn my East German acquaintances, and here the anti-Communists were the most vocal, complained with feeling about the policy of our State Department in severely restricting cultural and scientific exchange between us. (This situation has improved since May.)

What is to be made of this discrepancy between what our mass media report and what I encountered? I am acutely aware that my four days in East and West Berlin are hardly an adequate basis for any solid judgments on the economic, political and intellectual climate of East Berlin — to say nothing of the rest of the Communist world.

I am eager to make clear that my experiences may have been unrepresentative in some important respects: 1) I saw nothing of East Germany except East Berlin — and only a small part of that; 2) I met mostly scientists, who are especially privileged; 3) Americans are treated well (compared with West Berliners, for example, who are not allowed free access to the Eastern half of their city); 4) this was a particularly relaxed interlude in East-West relations; 5) May Day and the day before and after are a gala season when the city and its people look their best; and 6) I was extraordinarily fortunate in meeting friendly and outspoken people, both Communists and non-Communists.

Nevertheless, I'm left with the unshakeable conviction that East Berlin is quite a different world from that pictured for us by press, radio and television. My point is not that the Communist regime merits any special praise. On the contrary, I believe this regime is reprehensible, possibly the most oppressive in Eastern Europe. But I also believe we compound the danger of their threat by recourse to the very techniques and attitudes we condemn in them.

It is our boast that we dare to face the full truth and are eager to compete in a free market of ideas. This is one of the most effective weapons we have in this intellectual contest, not only in the pursuit of truth itself, but also in demonstrating its qualities to our adversaries, who do not dare to use it. Certainly that has been the magnificent lesson of the open coverage of successes and failures in our space projects. The contrary course of fear, ill-will, the closed mind, and hysterical distortion, not only precludes enlightenment, but drives our adversaries deeper into their prejudice against us.

The pictures on the following pages were taken in East and West Berlin on April 29 through May 2, 1962. They record something of an experience that has caused me to rethink my judgments on Eastern Europe and I am eager to share them.



*Top:* Humboldt University. In the center is the old palace of Frederick the Great's brother, in which Wilhelm von Humboldt founded the University in 1809. On this side of Unter-den-Linden, the old library still stands as a roofless, honeycombed ruin facing the reconstructed Opera House across the open square. *Middle:* the famous Museum Island between the arms of the Spree. Below the dark cluster of art and historical museums and the Cathedral is huge Marx-Engels Platz, made even larger than the old Lustgarten of the Nazi May Day extravaganzas by the razing of the old Royal Palace. The white reviewing stand for the May Day parade is visible at right. *Bottom:* Karl Marx Allee (de-Stalinized Stalin Allee), show boulevard of East Berlin. This view shows the extensive ruins behind the facade. Sparse traffic and the Communist banners already up for May Day distinguish the Eastern Sector.









**THE STARK REALITY OF THE WALL.** One overwhelming fact pervades the atmosphere of Berlin — it is divided. The infamous wall blocks every street passing between the Soviet and the three Western Sectors. Where the zig-zag border parallels a street, the facing buildings on the Communist side have been evacuated and their windows and doorways sealed up. The many flower-decorated memorials record the names of escapees killed in leaps and falls from these buildings. I had imagined most of these deaths as mainly due to shootings by the Communist border guards, but those I investigated were not. The one access route for Americans is through Checkpoint Charlie, at Friedrichstrasse (lower left). The Zoological Museum lies a little over a mile straight ahead.







ZOOLOGICAL MUSEUM, EAST BERLIN (above and right). I have fond memories of the generous reception and assistance given me at the Zoological Museum, and I am eager not to put their city and institution in an unfair light, but even the most friendly observer would note the contrast with West Berlin in the horse-drawn wagon, the hand cart, the aged automobiles, and the consistently sparse traffic. And a Western scientist feels uncomfortable with the blend of science and politics on the Museum's facade — the red banner emblazoned with "Forward in the Struggle for Peace, Democracy and Social Progress" between the bust of Alexander von Humboldt and the statue of Johannes Müller.



MAY DAY, WEST (left and below). Before going over to the Communist May Day celebrations, I watched groups of West Berlin Citizens converging on the Reichstag Building (below), with its maypole and the thought-provoking reminder "Freedom Knows No Walls," to hear a speech by General Clay. The demonstration group at the left, proceeding from the Victory Column down 17th of June Street toward the Brandenburg Gate, carries a banner demanding "Self-determination for Germans also."







**MAY DAY, EAST.** After seeing preparations for the West Berlin May Day Parade, I crossed into East Berlin. The East German guards seemed especially friendly, remembered me from the day before, and waved me in with grins when I showed them the large front-page photo of the "Freedom Knows No Walls" sign in the morning newspaper I carried. Friedrichstrasse was crowded with assembling demonstration groups. Though there had been military demonstrations earlier, I saw only festive civilians — workers, family groups and students. At Unter-den-Linden a long line of factory floats stretched away toward Brandenburg Gate. Five *Volkspolizei* chatted in a group, waiting to direct them into the procession. They settled the question of photographic freedom for me immediately with a cheery "Warum nicht?"

I arrived in front of the Museum early and had the chance to get acquainted with the small group already there, and with students or staff members as they joined us. The whole atmosphere was that of a college outing. Except for the solid red banner and the flag of the German Democratic Republic borne by students, there was no obvious political aura, discipline, or fervor. As we strolled along toward Marx-Engels Platz, falling in with groups from other faculties, the talk was a relaxed blend of typical college wisecracks and swapping of scientific gossip.

We approached Marx-Engels Platz from the north, passing under the famous elevated railway that has carried so many hundreds of thousands of East German refugees to the West (visible in bottom photo behind the placard of Walter Ulbricht enthusiastically greeting Nikita Khrushchev), over the Friedrich Bridge, south between the Old Museum and the Cathedral, and on to the Square.







It was a cloudy, windy day and the Square was alive with the crowd, the array of flapping banners, and the thunder of loudspeakers proclaiming the accomplishments of Socialism around the world — especially loud cheering, it seemed to me, following the mention of Fidel Castro. I took this picture of the reviewing stand looking back just before we poured out of the Square to disperse variously into the city.

Spectacular as this parade had been, the rest of May Day in the company of two young East Germans turned out to be much more revealing. The first was the young lady scientific assistant who had been assigned (by her non-Communist superior) to help me at the Museum. A

Party member, a graduate of Leningrad University, she was an excellent protagonist of the Communist philosophy. It was she who had invited me over to see the May Day parade and more of the city. After exploring variously, including former Stalin Allee (above), we had dinner at famous Café Budapest. By chance, we were seated at a table with a young East German engineer. He was not a Communist and proved to be an excellent third corner in our three-way debate that continued for the rest of the afternoon.

I had not expected this free-ranging and open-minded discussion. There was almost nothing of that stone wall of dogma or quagmire of dialectics that one expects from a Party member. The whole tenor of the debate was one of goodwill and eagerness to clarify our very real differences and enlarge our areas of agreement. The engineer spoke very candidly of pros and cons of the Communist regime, seeming not to be adjusting for either of us, but forthrightly giving his own views.





I had expected so little communication with either Communists or non-Communists that this was a very revealing and somewhat encouraging experience. I realize that neither of these very decent human beings have anything to do with the formulation of Mr. Ulbricht's policies. But, at least it is heartening to find that searching and flexible views do circulate on that side of the wall. Certainly there has been a very real improvement in the role of the intellectual in several of the other East European countries. One would hope for similar changes in East Germany.

Before I left, I retraced my first route along the wall to re-focus on East Berlin. After four days, I saw even more clearly that the picture is not simple and absolute, and, if we insist that it is, we do a disservice to both sides. But after we have extended our sympathy and credulity to the limit in trying to understand their world view, and have found some encouraging signs, we are brought up short by a long, thoughtful look at this ugly wall. It is their creation. West Berliners have put up no barricades. But the Communists repeat their indignity with barbed wire, antitank barricades and a huge board screen. This wall may be assaulted, as it was recently at this very spot, but the breach will be temporary until the inner, mental wall, which it symbolizes, is removed. The removal of this inner wall, I fear, will be a long, slow process.

*Dr. Erikson, who usually goes to the Amazon for primates, holds a Ph.D. degree from Harvard, and is assistant professor of anatomy and associate curator of the Warren Anatomical Museum.*





# Editorial

## IN DEFENSE OF OLD-FASHIONED READING

Alice lifted her eyes from the book, rubbed them, and contemplated the beauty of the spring day. She was tired, but well she might be, for that course in rapid reading was pretty demanding. As far as she could tell she'd only increased her word consumption 20-30 words per minute — and she wasn't at all sure that she was doing as well with content digestion. But she was convinced, as the course brochure declared, that reading afforded the "ultimate in intellectual development," and she worried for fear that there might not be time in her life to assimilate the knowledge extant. She closed her eyes momentarily — a soft breeze blew across her face — and she was gone.

The room was dark — and there were two "creatures" huddled in lounge-chairs, appearing to gaze motionless into two lighted screens. Alice had heard of Barcalounger chairs and television sets, but she'd never seen such "creatures" — small heads, big eyes and big ears.

"Do you sit here all day?" she asked.

"Yes!"

"Don't you work?"

"No!"

"Do you ever read?"



The Hatter turned slowly from his screen — "Read?" he said. "Why should I care to read?"

Alice answered indignantly that in-so-far as mortal man increased his intellectual funds through reading, so he raised himself nearer to the ultimate of perfection — and with it the ultimate of happiness.

"Pure tripe," he said. "Reading gives you mixed and confused ideas — and prejudiced ones. Reading forces you to decide on your own which side of a question is correct. And besides, squinting at small print can be bad for your eyes and lead to headaches. Give me television any day, or *Life Magazine*, or the pocket paperback digests — the information's all there, well digested and packaged by authorities and delivered clearly by visual aid for one's eyes to absorb in comfort." The Hatter

*Cartoons by Mrs. Dorothy K. Brooks.*



shifted to a position deeper in his Barcalounger, took a sip of pop, crunched a potato chip, and again set his eyes on the screen.

"But," said Alice.

"Don't 'but' me," he cried. "Besides, I'm trying to concentrate on this show."

Alice edged over to the other "creature" — White Rabbit, she thought, but with extra-big eyes and ears —

"Do you like to read?" she asked. And as an afterthought she added, "Our President reads voraciously on all subjects and has thereby increased his reading ability immeasurably."

The rabbit turned, expressionless, and said, "That's his trouble; he's confused by so many conflicting and perfectly erroneous bits of knowledge; 'though I can't blame the poor fellow, what with the tremendous volume of books in circulation. It's safer to avoid them and let others digest the information for you into a more palatable form — then there's no need for painful thinking. Here, sit down and watch the show."

Alice recalled reading about Darwin's Theory of Evolution. She tapped the Hatter on the shoulder, and blurted out, "Darwin said that as species evolved, those senses and attributes most important to a particular animal would become better developed with greater use — and vice versa, for those not used. Aren't you afraid you'll end up all eyes and ears with no brain?"

"Who is Darwin?" he said, unperturbed, "and what channel is he on?"

Alice sadly shook her head — she stretched and awoke. Then, quickly feeling her eyes and ears, she smiled, and turned back to her book, content to read more slowly.

J.R.B.



# ALUMNI DAY



... from the age that is past ...





# — CLASS DAY

photos, William Tobey.



to the age that is waiting before.





## Alumni Day

On June 1 the tent- and chair-bedecked visage of a sunny quadrangle welcomed one of the largest Alumni Day throngs of the event's 13-year history. Perhaps as a result of increased and respectful interest in our Greek patron over the past few months, a clear sky crowned the day and may have caused not a few sighs from those who withdrew, nonetheless, to the air-conditioned shade of Amphitheatre D for the annual Harvard Medical Alumni Association meeting.

Aesculapius having been duly thanked for meddling with the weather in our behalf, Dr. Samuel Levine called the meeting to order and announced that balloting for three new councilors had resulted in election of John P. Merrill '42, John H. Talbott '29, and Henry L. Heyl '33 to serve three-year terms (1962-1965).

The new officers, John H. Lawrence '30, president; William R. Pitts '33, president-elect; and John P. Hubbard '31, vice president; and the amended constitution having been unanimously approved, Dr. Levine introduced Joseph W. Johnson '37, moderator of the morning symposium, and the business meeting gave way to:

### Just an Editor

In "retrospective contemplation" of his more than 30 years in academic medicine, John H. Talbott, editor, *The Journal of the American Medical Association*, could find no ready answer to the question of why he "forsook" those duties for full-time editorial ones. In examining his new field, Dr. Talbott called his "rich experiences as a medical student . . . more responsible than any other factor, even though unidentified and undocumented, in making the intervening three decades so rewarding in clinical medicine and the past months equally so in medical writing and medical journalism."

Denying that the *Journal's* primary function is to amuse, he said, ". . . The material presented should help the physician in his professional responsibility, . . . technical details of practice, his relation to legal, social, economic and other matters of great interest, not usually considered in the hard core of professional practice."

### Some Aspects of the Doctor in Court

Speaking of the need, "in the administration of justice, to reach a verdict which expresses the community conscience," Hubert W. Smith '41, Chancellor, Law-Science Academy of America, University of Texas, said, "The doctor needs to stand side by side with the lawyer in an effort to maintain our adversary system of trial, including the right to trial by jury when demanded, particularly in cases involving life or liberty. Society needs the vigorous support of the legal and medical professions

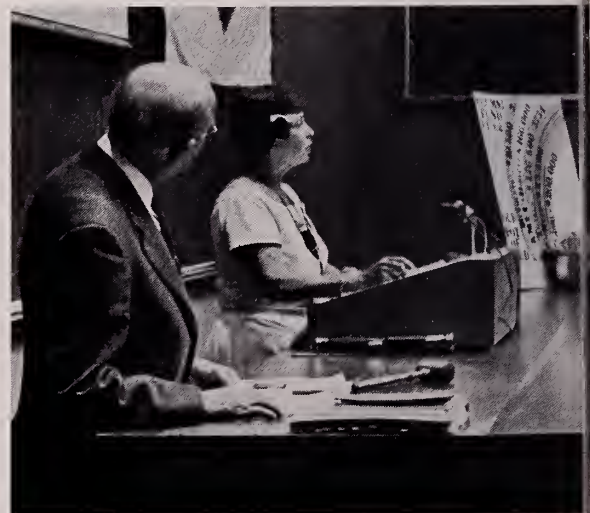


*Dr. Stare*



*Drs. Thomas and Smith*

*The Fund speaks.*



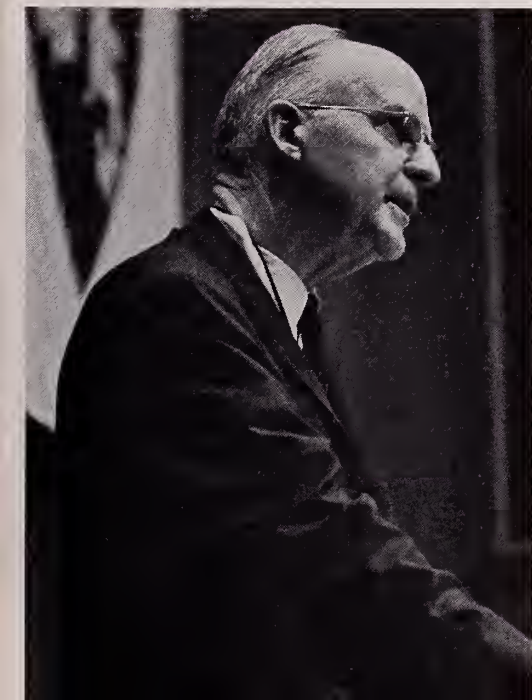




*Dr. Talbott*



*Dr. F. B. Berry*



for the continuing development of the Proofs of Science and the Science of Proof, for these are essential to reliable fact-finding whether the dispute be tried by a jury, judge, or by an administrative tribunal."

### **Nuts Among the Berries**

The dictum that the worse a substance tastes, the greater its curative power, helped patent medicine quackery to get up and stand firmly upon its feet. The sales pitch may be more sophisticated than in the good old days but the pills, potions and lotions are just as worthless. Concluding his discussion of food faddism, Fredrick J. Stare, professor of nutrition, HSPH, declared, "Those of us in medicine and public health who wish to be included in the distinguished company of the Berries in this audience have the responsibility, indeed the obligation, to expose the many nuts bamboozling a good segment of the public out of health and cash."

### **Young Physicians in the Armed Services: Responsibilities and Opportunities**

As the title of his speech promised, Frank B. Berry '17, Deputy Assistant Secretary of Defense, discussed the responsibility and challenge awaiting young physicians in this "world difficult to manage." There is, he said, "a two-way street which should provide a free flow of knowledge between civilian and military medicine." Much that is being done in each could not possibly be known to the other "unless a mechanism was provided for a constant free exchange of this knowledge."

Having discussed briefly several rapidly expanding areas of opportunity in military medicine, particularly clinical medicine, surgery, research and pathology, Dr. Berry concluded, "Opportunities are there. You, who enter the military, should go forth gladly and seek them. . . . Be sure you have the vision to see, understand and profit by one of these many ways open to you."

### **Studies on the Mechanisms of Tissue Damage in Disease**

Dr. Thomas' paper "attempted to illustrate the ways in which, when nature is allowed to take its course, laboratory investigation can sometimes result in chains of accidental, irrelevant observations which turn out, in the end, to make a certain kind of unpredicted sense." Professor and chairman, department of medicine, New York University School of Medicine, Dr. Thomas and his associates injected papain into rabbits undergoing the Shwartzman reaction in an effort to lower fibrinogen levels. Several experimental steps later the team returned to the original problem of endotoxin; current experiments indicate that the lethal, shock-producing action of endotoxin is associated with generalized release of lysosomal enzymes, and the protective action of cortisone against endotoxin is probably due to the prevention of this event.



## Class Day

"We meet here today," declared Dr. Roy O. Greep in greeting an exuberant Class Day audience, "to celebrate the wind-up of one of the world's greatest marathons . . . probably the longest sustained test of human endurance ever conceived. Unlike most races, here the laurels go *not* to the winners, but to those who finish."

Eight members of '62, the class frequently characterized as "the brightest and best yet," finished the course with especially outstanding vigor and were variously awarded:

Robert C. Moellering received the **Harvard Medical Alumni Association Award**. A member of the Boylston Medical Society and Alpha Omega Alpha, Dr. Moellering was president of the fourth-year class, and will be permanent class president.

The **Leon Reznick Prize** — for "showing the most promise in research" — was awarded to Charles D. Woody. In 1959, Dr. Woody was the recipient of a post-sophomore research fellowship, given by the U. S. Public Health Service, and spent the year working in the department of psychiatry at the MGH.

Herbert S. Waxman received the **Henry Asbury Christian Prize** — "for diligence and notable scholarship." He is a member of Alpha Omega Alpha.

The **Massachusetts Medical Society Prize** — "to the medical student who seems most notably to have developed the intangible qualities of The Good Physician" — went to Ronald Gold. Dr. Gold is a member of Alpha Omega Alpha and the Boylston Society.

Recipient of the **James Tolbert Shipley Prize** — "for research, the results of which have been published, or

accepted for publication" — was Charles R. Jorgensen.

The **Borden Undergraduate Research Award in Medicine** — "for original research" — went to David Reiss.

Winner of the **Maimonides Award of the Greater Boston Medical Society** — "for integrity, perseverance, courage, and force of example" — was Edward D. Harris, Jr. He is a member of Alpha Omega Alpha.

The **Boylston Medical Society Prize** — "for excellence in medical dissertations" — was awarded to J. Michael Bishop. Dr. Bishop was the recipient of a U. S. Public Health Service post-sophomore research fellowship, which enabled him to spend a year working in the department of pathology at the MGH. He is a member of Alpha Omega Alpha and the Boylston Medical Society. The Boylston Society second award went to Martha S. Bridge; the third to David Reiss.

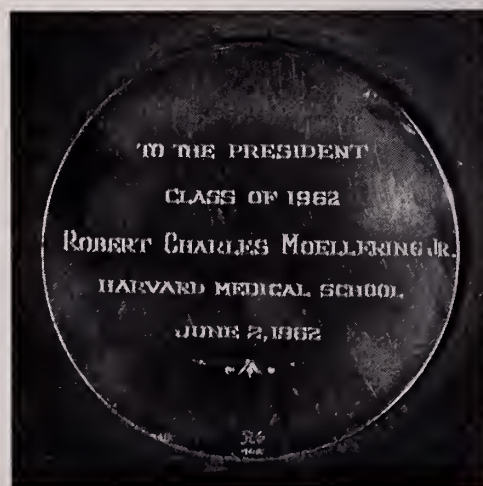
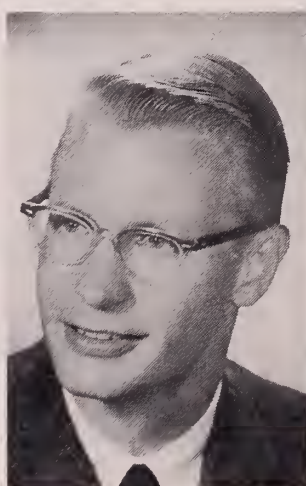
## Class History: The Snowmen

In retracing the class's steps from that first year, Class Historian Francis Neelon called the "motley" crew of '62 "so naive and untutored in those days that most of us didn't know whether the Hertig-Rock was a geologic wonder, a legendary bird, a historic landmark, a pop tune, or some kind of Spanish neuro-pathologist."

Of the education consumed during the four years he said, "At a time when the world seems determined to beat its plowshares back into swords we can, I think, be proud of our school which left us not unaware of the social and political problems confronting the physician but free to choose our own course among them."

"I would like to submit," he said in closing, "that it is not the lengthy course of training which deters capable

*The Harvard Medical Alumni Association Prize, for the first time in the form of a gold medal — made by Janet Ré, was given to the permanent class president of the Class of 1962, Robert C. Moellering, Jr. The award has three purposes — "It extends a greeting from the old alumni to the new; it accords respect to the graduating class by honoring its chosen leader; and it selects for honor a man with whom long and cordial association is confidently anticipated."*







Dr. Neelon

students from . . . a medical career. Rather than time, it is the fact that doctors are the duller people one meets at cocktail parties; that, as one of my fourth-year instructors put it: 'When doctors aren't doctoring they're good for damn little else.' I cannot believe, as some ardent proponents of change argue, that the compression of what now occupies four years' work into three will result in *more* free time (free perhaps to read on one's own the material not covered in class). And I would hate to see the Harvard Medical student so intent upon garnering the crumbs of medical knowledge that he not only [develop] a mind of winter but, indeed, be frozen into solid ice, unmoving, unbending, passionless and cold until he forget that winter is but one short season and summer, spring and autumn must also have their place."

## Valediction

In his valedictory remarks following the Hippocratic Oath, Dr. Berry voiced two hopes: that the members of the graduating classes "make of your lives continuing educational ventures." "Being a good student," he said, "is not as interesting as forever becoming one more completely"; secondly, "Foster throughout your lives the friendships that you have forged here . . . you will never find better friends. You have been closely associating with the finest group you have ever met. Nothing will again quite equal this happy and stimulating experience. Form the habit, therefore, of returning frequently to your School — whenever you can — especially at times when your classmates will also be here."

"It is a great privilege to become a doctor, an even greater privilege — and responsibility — to become a Harvard Medical or Dental graduate. Excellence has been expected of you here; excellence will continue to be expected of you. You will expect it of yourselves. Your professional educations have been of the best and you are now well equipped for the next steps as you join forces in the battle against the afflictions of mankind. All of us believe that you will exceed our high expectations. 'You will be tried by fire and not found wanting.'"

Emphasizing for the soon-to-be alumni that "... the absence of difficulty, the comfort of ease — these never of themselves make people either good or happy . . .," Dr. Berry quoted from a letter written by Benjamin M. Banks '30, Clinical Associate in Medicine, after 25 years of service to Harvard:

"I entered upon a way of life composed of practice, research and teaching, which is best described as a voluntary bondage that is both blissful and merciless. I belong to the great group of 'part-time men' who serve on the teaching faculties of medical schools, bringing to the students the practical experience of bedside medicine, dabbling in clinical investigation to keep alive the spirit of inquiry, and withal carrying the burden of round-the-clock professional care for the community. Like the proverbial three-legged stool, we need each of these activities to round out our professional existence."

"The hobbies that give flavor to our daily fare have been elbowed aside but stand as wistful reminders of delicacies once tasted. Chess and the violin are all but abandoned in medical school. Amateur photography to catch the beauties of line, shade and color gave way to X-ray — a practical sublimation of diagnostic vivisection. Now it is golf, a psychological game of mind over muscle, which brings me nearer at last to the green earth from which I came."

"To one whose life has been a long forced march with full pack, interrupted by sudden alarms and battles fought at the enemy's terms and time, the philosophy of the welfare state strikes an unfamiliar and distasteful note. . . . Of the comforts that remain, I count highest the classical tradition, the intellectual freedom, and the search for truth that the men of Harvard in generations past preserved to hand on to me one bright September morning in 1923. These I will cherish in gratitude and reverence for all my days."

"Now," Dr. Berry said to the graduating classes, "In the spirit of the ancient Hippocratic Oath, let me urge you to think of the word practice in the phrase, 'the practice of medicine,' as the word ministry — the ministry of medicine. If you make the ministry of medicine your pattern of living, you can never violate your innermost convictions, and you will therefore also have a happy life in a happy calling."

*Veritatem per Medicinam Quaeramus*



And so, until next year . . .





# ANOTHER LOOK AT THE PATIENT

David D. Rutstein '34†



I shall devote this class day address to some of the problems which you face in your choice of a career in medicine. In doing this, I wish to focus on a future for the physician consistent with the dignity in which he has long been held. In the book of Ecclesiasticus in the Apocrypha, Jesus the

son of Sirach wrote, "Honor the physician . . . for thou hast need of him." At a time when the physician seems to have turned from the priesthood to the market place, yours will be the difficult task of reversing the present trend and increasing public respect for the physician to make sure that this ancient statement will not in fact become apocryphal.

You are faced with four possible choices of career. A few of you will decide not to become physicians and will till one of the fields of the preclinical sciences. Others among you will become medical administrators because of your concern with the educational, economic, social, and political structures through which preventive and curative medicine benefit mankind. But, most of the class of 1962 will practice medicine, some out in the community as practicing physicians, others as members of a clinical department in a medical school.

Whatever your choice of career, practically all of you will be specialists. The trend toward specialization, stimulated by the Flexner Report of 1910 and furthered by the rapid growth of preclinical science and technology, has been the basis for the flowering of American medicine. The research worker digs ever deeper to produce verifiable facts which serve as the scientific basis for certain aspects of patient care. In turn, the practicing specialist saves lives by the precise application of knowledge in highly restricted fields. This increasing specialization has been furthered by a burgeoning mass of knowledge which no one physician can master, and by public acceptance of, and willingness to pay for, highly specialized services.

But, specialization has become more and more extreme, without an adequate counterbalance. As a result, new and serious problems have been created, problems which must be solved if advances in medical research and improvement in medical care are to continue at their present or at increased rates. The first problem concerns

loss of perspective. Concentrating on minutiae, the specialist progresses seriatim from the organ system to the isolated organ, to the single cell, cellular elements, molecular groupings, through chemical reactions to the individual molecule, and finally to the growing family of tiny particles where mass and energy become one. The specialist may become so fascinated with his studies of such progressively disintegrated systems that he forgets the complex organism, man, which started him on his way.

To restore balance, as a specialist you must consciously orient yourself to the entire field of medicine. You will have to counter the narrowing influence of specialization with an awareness of the broader aspects of your specialty and its relationship to all of medicine. You must also go one step further. You must examine the relationship between your specialty — indeed between all of medicine — and the total social and political structure of the time. You must be a human being as well as a physician and remain sensitive to the powerful currents of change in modern society. There are many examples: the role of the developing countries, the rise of automation, and the fundamental economic changes going on about us. Do not become so lost in your narrow specialty that you merit the late Dean Willard Sperry's paraphrase of an inscription on a tombstone in a little Scottish burying ground, "Here lies the body of Hiram Smythe, who was born a man but died a gastroenterologist."\*

A second danger of overspecialization is loss of flexibility. You may become so attached to current fashions in research and medical care that you will be unable to meet the changing needs of the future. Let us turn to history for guidance. German medicine was built on the exquisite techniques of pathological anatomy developed by such giants as Virchow, and reached its peak about the time of World War I. Then the study of function began to replace that of structure, and biochemistry evolved as a new science stemming from organic chemistry. But, the pathologic anatomist was so committed to his techniques that he was unable to adapt himself to newer methods of investigation. As a result, German medicine collapsed even though some of the best organic chemists in the world were working close by in universities and in the great German dye industry.

\*Sperry, W. L.: *The Ethical Basis of Medical Practice*. P. B. Hoeber, Inc., New York, 1950. P. 41.

†Dr. Rutstein, professor and head, department of preventive medicine, HMS, delivered "Another Look at the Patient" as the Class Day address on June 2.



As a member of a study section of the National Institutes of Health, I see the same process being repeated now in the United States. Applicants who have spent years in learning an esoteric technique become married to it. Instead of following their research problem wherever it leads, they cast about for new applications for their hard-won techniques. As a result, supertechnicians seem to be in search of a scientist to guide them, as in Pirandello's play, "Six Characters in Search of an Author."

In your lifetime, it is a fair guess that you will be faced with a gradual shift in medical research from the use of chemical theory and techniques to those of physics. This change will accelerate as the identification of new enzymes becomes more and more routine and as the charge on the "gel" in the cell becomes increasingly important. Do not become wedded to techniques in any field. Follow your problem, use whatever basic theory and techniques are best applicable, and work with the appropriate theoretical scientist to develop new theory and techniques as their need becomes apparent.

Finally and most important of all, specialization has created a crying need for generalization in biology and medicine and for physicians who will be concerned primarily with this function. In exploring this need, we may learn much from the history of the physical sciences. The findings of many highly specialized physicists were given new meaning by Einstein when through his mathematical generalizations he tied the old facts together in a new way, and thus opened new vistas and — alas — new dangers for mankind.

We may look forward to similar applications of mathematics to biology and to medicine in the growing field of biomathematics. Let us, for example, examine a current problem which could easily be solved by existing mathematical theory and computation techniques. In studying kidney function in an individual case, you make almost endless measurements of the substances delivered in the blood of the renal artery to the kidney, and of the solutes excreted into the urine, in addition to all of the other tests of kidney function. But, the concentration of any one of these substances cannot be entirely independent of all the others. Many of these variables must be dependent. It will not be long before you will make a few key measurements of kidney function and then refer to a nomogram on the wall of your office or laboratory and simply read off the predictable results. Of even greater significance, such mathematical analysis will directly test old hypotheses and may suggest new theories of kidney function. So, planned generalization can and must counterbalance the extremes of specialization.

Let us now turn to your choice of career. If you decide to work entirely in the preclinical sciences and become what is now fashionably referred to as a molecular biologist, you will not be directly concerned with clinical medicine. You will be leaving medicine *per se* to enter the rapidly moving field of the study of disintegrated biological systems — a method of research which indirect-

ly has made the greatest scientific contributions to medicine in the past few decades. Research in the preclinical sciences has provided tools for the study of clinical problems and the basis for a number of general laws of biology, some of which later have become applicable to man.

It may be argued whether the medical-school curriculum is the best channel for education of the preclinical scientist. But it is clear that those of you who have enjoyed the luxury of this more leisurely approach have acquired additional responsibilities. You are aware of the relationship between the preclinical sciences and clinical medicine and realize that evidence collected in molecular biology in its disintegrated form must be reintegrated through animal experimentation and clinical investigation before it may be applicable to the patient. It will be your task to supply perspective and act as liaison between the two fields. So to those of you who will become molecular biologists, I say hail but not farewell because I hope that you will work closely with your medical counterparts.

Those of you who seek a career in medical administration must certainly have been impressed during the past few months with the growing impact of social, economic, and governmental factors, on the science and practice of medicine and on the public health. I would hope that all of you in the class of '62 will continue to be intelligently informed about these interrelationships so that you may aid your profession in making the wise choices which will maintain and improve the quality of medical care. But a few of you will be so deeply impressed with the need for professional guidance in the evolving field of medical administration that you will make it your specialty. If you do, the heritage of your education with its emphasis on quality and on excellence should be most useful.

Every decision on the structure of a medical-care program, every piece of medical legislation, and every health-insurance contract indirectly impose informal standards of care not based on scientific medicine. We see major medical-care policies made by insurance executives and actuaries, by lay governmental officials, and by representatives of medical associations who are concerned more with economic problems than with medical standards. Thus, we have seen insurance actuaries, with complete disregard for the role of preventive medicine in the early diagnosis of cancer, treat patients as if they were damaged automobiles by inserting deductible provisions in health-insurance contracts. Although every insurance contract must be actuarially sound, I hope that those of you who select medical administration as a career will provide the necessary leadership to assure that professional standards of quantity and quality become the primary basis for any medical-care program.

I wish to congratulate those of you who will choose to be practicing physicians by reminding you that you have accepted the trust of the life and health of your patients. This great responsibility is forgotten when a young physician bows low before the chromium-plated equipment in his laboratory and looks down his nose at





*Medical and Dental students take the Oath of Hippocrates following Dr. Rutstein's address.*

his fellow physician caring for a patient. The meaning of the important trust which you will have accepted was sharply defined for me by the late Dr. Soma Weiss, Hersey Professor of the Theory and Practice of Physic in this medical school. When I was a house officer at the Boston City Hospital, Dr. Weiss held the house staff personally responsible for every death on the service. At his "death meetings" Dr. Weiss would begin, "Dr. Rutstein, was Smith your patient?" "Yes." "He died on April 14 at 2:35 A.M.?" "Yes." And then would follow a series of questions — "Where were you when this patient died? What was your last order for this patient? When did you write your last progress note? Why did you give drug A and not drug B?" Dr. Weiss would thus trace the course of the patient until he was certain that the death was indeed unavoidable or that the reason for the death had been ascertained. After such an experience, we felt a new sense of responsibility as we made our ward rounds, a feeling for the well-being of the patient that I hope you will have as you enter your internships next month.

It is with this spirit of dedication to his patients that the practicing physician must devote himself to his career, in contrast to the attitude of that group of New Jersey physicians who placed method of payment above the welfare of the patient. All of you will deserve to be well paid for your services if you hold to the ideal that the welfare of the patient must always come first. But, for any of you who honestly feel that method and amount of payment are of overriding importance, I urge you to renounce the profession of medicine, and I wish you every success in a business where the life and health of a patient

are not items on the balance sheet.

Those of you who will enter the practice of medicine will face problems concerned with the structure of practice, the insufficient number of general physicians to provide personal health services, and the difficulty of maintaining contact with medical knowledge. I hope that many of you will consider group practice as being helpful towards a solution of these problems. Group practice makes it possible to interrelate specialists' services; it provides support to the general physician as he assures continuity of patient care; and it permits time for postgraduate education and for rest and recreation. May I wish Godspeed and success to those of you who have selected the difficult career of the practicing physician.

Finally, I wish to speak to the large number of you who will seek a career as members of clinical departments in a medical school. In doing so I am forced to focus on the dilemma created by the conflict between molecular biology and clinical medicine. Time was when the head of a clinical department in a medical school concentrated on the diagnosis and treatment of disease and the performance of clinical investigation. Recently there has been an increasing tendency to appoint as heads of clinical departments those whose abilities lie more in the direction of manipulating molecules than in managing patients. This state of affairs has resulted in scorn by the laboratory research worker of the conscientious physician whose efforts are centered on the patient. Some of you have told me that in meetings with members of this Faculty you were afraid to express your enthusiasm for clinical medicine and felt it wiser to show an interest in



laboratory research. This trend toward the laboratory and away from the clinic has been furthered by the financing of clinical departments with research funds and the almost complete absence of financial support for medical education *per se*. I believe that the tendency to appoint laboratory scientists as heads of clinical departments is so wrong that it may ultimately destroy the high standing of American medicine.

In making this statement I do not wish in any way to denigrate the laboratory worker or laboratory investigation. I have already discussed the great importance of molecular biology and have encouraged you to entertain a career in this branch of medical science, but as a well-grounded biochemist, not as a physician dabbling in the field.

The rigorous application of the scientific method to clinical investigation is very difficult. It is more than haphazard observations carelessly collected. And, there have been too many published reports of poorly designed studies which lack fundamental hypotheses. The reputation of clinical investigation has suffered, and as a result the clinical investigator tends to renounce his field for the more orthodox occupation of the laboratory investigator. The emphasis on laboratory research has downgraded clinical investigation to a point where its journals are filled with studies on hagfish and Sprague-Dawley rats instead of well-designed studies on human beings. These animal studies are most important, but they are not clinical investigation. Somehow the clinical investigator has succumbed to the ideas that real science is concerned only with impalpable, very small objects such as atoms and molecules, or remote, very large bodies such as planets and satellites, and that studies devoted directly to man and to his activities on the surface of the earth are somehow unscientific. This is surprising, because science is nothing more than a method of reasoning equally applicable to the laboratory or the clinic. Moreover, there is no conflict between the rigorous application of the scientific method in ethical clinical investigation and the spirit of dedication of the physician to his patient.

It is indeed challenging to develop new and sound designs for ethical clinical studies which reintegrate the synthetic knowledge collected in the laboratory into hypotheses of clinical significance. These hypotheses in turn provide the basis for further clinical research which may reveal new knowledge directly applicable to man. Moreover, clinical investigation can also yield facts which may form the basis for general biological laws. Thus, the observations of Jenner led to the general principle of immunization. Let us hope that the clinical investigator will not continue to emulate the intoxicated gentleman who late one night was crawling on his hands and knees under a street light looking for his wallet. "Did you lose it here?" asked a passer-by. "No," said the drunk, pointing off in the direction of the other side of the street, "but it's dark over there."

I do believe that the head of a clinical department should be an outstanding physician who has a primary

interest in medicine, who accepts full responsibility for the care of his patients, and who conducts an effective research program in clinical investigation. He also has to be well grounded in one of the preclinical sciences so that he may work effectively with preclinical scientists. The staff of a clinical department must also include many research professors, highly skilled in either clinical or preclinical science. The research program of the department must be buttressed by and have close liaison with investigators in departments of preclinical and theoretical science. In other words, a first-rate professor of medicine, pediatrics, surgery, or preventive medicine who works closely with first-rate molecular biologists is preferable to a second-rate biochemist who applies his spare time to the care of patients.

Let us come back together to the real world of the patient. In this world, if we turn away from the patient and look only at the large mass of knowledge distending our libraries, we would say, "See how wise we are." "See how much we have learned." "Are we not doing wonderful things?"

But, if we turn around and take another look at the patient we become embarrassed by our lack of humility. We realize immediately that we have little or no understanding of many of his problems. For example, we may know something about the diseases of old age but practically nothing about the aging process. We are impressed that the great mass of knowledge we have just contemplated is applicable only to a very limited number of the patient's needs. Thus, we know how to create and prevent leukemia in mice but know practically nothing about the mechanism of the same disease in man. We become uncomfortably aware that existing scientific theory and techniques do not yet provide an approach to the solution of many of the things that trouble the patient. Hence we have no validated theory to explain why infection with the same streptococcus causes rheumatic fever in one child but not in his brother, and we have no techniques to follow the progress of atherosclerotic processes as they narrow the coronary arteries of man. In other words, we are only too often ignorant of the very things we must know to prevent and treat disease. But when we realize our ignorance we can begin to make progress.

Scientific medicine may lead us towards mathematics, computers, electron microscopes, and gamma radiation counters — all with great profit and reward. But, although we ask questions of molecules it is only because we seek answers for man. It is this search centered always on man that is the very essence of our task — the physician's task. And so, whatever your career in medicine, I wish you good fortune and success and the infinite serenity, happiness, and satisfaction which come only from accepting and performing those responsibilities which are solely the prerogative of the physician.

*This paper is being published by special permission in the August 16 issue of the New England Journal of Medicine.*





*Class of 1912.*

Fay Photo.

## REUNIONS

### FIFTIETH REUNION

Friendship, like wine, improves with age. Each successive anniversary finds us closer together; each man proud to be associated with the others. We miss those who have gone beyond, and we think of them merely as being unable to attend. No formal reading of a list was desired or required.

When we graduated, HMS '12 had 56 members. Now, fifty years later, we are reduced to 27 members, and the following fifteen came to our reunion, six bringing their wives: Samuel M. Alter, Lyman G. Barton, Jr., Frank C. W. Konrad, Alfred E. Meyers, Alvah S. Miller, Joseph L. and Mrs. Murphy, Francis M. and Mrs. Rackemann, Eugene W. and Mrs. Rockey, Orville F. Rogers, Clifford G. Rounsefell, Wilson G. and Mrs. Smillie, Clyde H. Tearnan, Raymond A. Tearnan, Philip D. and Mrs. Wilson, and McIver W. and Mrs. Woody.

Festivities began on Thursday evening, May 31, when all fifteen classmates and their wives dined with the Rackemanns at their home on Beacon Street. This party, enlivened by Alvah ("Nick") Miller's much appreciated gift of champagne, was a happy occasion, though so many old

friends could not be with us. After Alumni Day exercises on Friday, a bus took us all — bag and baggage — to the "Ship's Cabin" (Boston Yacht Club) in Marblehead. The excellent lobster dinner was enhanced by the Class of 1937's presentation to us old folks of a supply of the best French champagne; we dined well. Our thanks to 1937 were expressed in a poem, read at their dinner and ours —

To the Class of Thirty-seven  
Nineteen Twelve sends love and  
thanks

For a very lovely present  
To cheer our broken ranks.

To have good friends is  
wonderful  
Your present of fine champagne  
Will make our dinner colorful  
And remove all stress and strain.

The first twenty-five years are the  
hardest  
We know most all about that  
We congratulate you on your  
achievements  
And we send our best wishes  
to boot.

We envy you all of your learning  
The science is too much for us  
But we still take good care of  
our patients  
And we try to give help, not  
abuse.

When we're stuck we know who  
to call on

A young man of course it will be  
He tells us that S. T. is lowered  
Says "I don't like that inverted  
T."

We ask the patient "How are you?  
What is it that bothers you most?  
Have you troubles at home that  
annoy you?"

We try to give him a boost.

When the grey hairs are  
getting too numerous  
It doesn't mean much of a thing  
Provided that life can be  
humorous  
That one can still laugh and sing.

So tomorrow we'll drink to  
Thirty-seven  
May you live long and enjoy  
life as we  
Thanks much again for your  
present  
Please work hard to keep  
medicine free.

Next morning, breakfast on the porch on the shore of the harbor was very pleasant. All too soon the bus came to take us to the 1962 Class Day.

The "Ship's Cabin" is already reserved for our Fifty-fifth in 1967.

FRANCIS M. RACKEMANN '12  
*Reunion Chairman*



## FORTY-FIFTH REUNION

Humid weather could not dampen the enthusiasm of the "Old Grads" for Alumni Day. Although few members of the class appeared for the luncheon, the delightful dinner at the Harvard Club was well attended. Present were: F. Denette and Mrs. Adams, Leslie Ashton, Frank Berry, Edmund B. and Mrs. Fitzgerald, Francis and Mrs. Hall, Victor Jacobson, Moses and Mrs. Lurie, James Maloney, LeRoy and Mrs. Parkins, John Shirley, and Joseph Surls. Our Frank Berry, now deputy assistant secretary of defense, discussed "The Young Physician in the Armed Services: Responsibilities and Opportunities."

We received four letters from absent classmates, one from Bob Parsons who said that being in California made the trip impractical. Randy Clifford wrote that inasmuch as he was going to his fiftieth at Harvard the following week, he did not think it practical to come all the way from Maryland; and Samuel Nesbitt wished everyone a most pleasant day, and said he hopes to join us on the 50th anniversary. George Deering voiced our appreciation in his letter for LeRoy Parkin's work on the reunion report. "It is a swell job." He hoped to see us all on the 50th anniversary.

Joe Surls reported to a happy class that there was a marked increase in class gifts to HMS.

EDMUND B. FITZGERALD '17  
*Reunion Chairman*

## FORTIETH REUNION

Thirty-six members of the Class of 1922 and thirty-three wives attended their reunion meeting during luncheon, and the morning and afternoon symposia of Alumni Day. We were entertained that evening by Howard B. and Mrs. Sprague for cocktails and dinner, after which Dr. Berry spoke about the Countway Library, and the importance of good library facilities for medical students resulting from changes in the methods of medical education. Howard

Sprague talked about the library the Mormons have established in Salt Lake City containing microfilm records from many parts of the world.

On Saturday, June 2nd, many classmates listened to Class Day exercises and met at luncheon, and that evening 28 classmates and wives gathered at Colket Caner's Manchester home for a clambake. We had perfect weather and a good time. We greatly missed Grantley Taylor who was hospitalized the day before our reunion. At present date he is recovering nicely.

G. COLKET CANER '22  
*Reunion Chairman*

## THIRTY-FIFTH REUNION

On Alumni Day, 48 classmates, most with wives, gathered at the Harvard Club for cocktails and dinner. It was a most pleasant occasion. Fletcher Hall of Santa Monica, Ted Hyde of The Dalles, Oregon, and George Sharp of Pasadena won a triple tie for the classmate coming from farthest away, and each was

awarded a decanter bearing the Harvard Seal.

Four classmates addressed the gathering. Eddy Durno, now a congressman from Oregon, spoke on affairs in Washington, especially as related to the medical profession. Sidney Farber told of the plans for the new Harvard Medical Center. Jim Sagebiel told us about the Mayan ruins in Central America and the Mayan civilization, and Fletcher Hall gave a delightful quasi-mathematical formula to help in making the decision as to whether or not to retire.

The next afternoon about 30 classmates and wives gathered at Dick and Ruth Chute's house in Cohasset for reminiscing, socializing and a clambake. After the clambake, some stories and informal remarks, all hands went home feeling that it had been a very pleasant and friendly reunion; and that 1927 had weathered the last 35 years very well.

RICHARD CHUTE '27  
*Reunion Chairman*

## THIRTIETH REUNION

On the morning of Friday, June 1, 50 members of HMS '32 con-





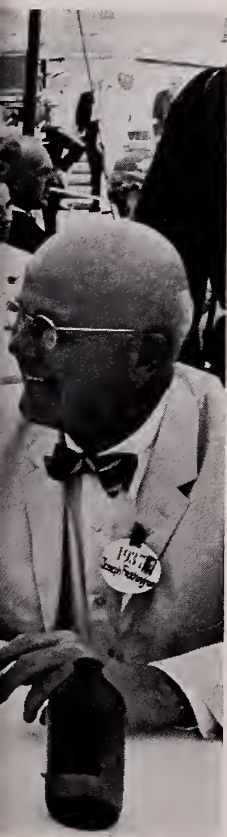
verged on Building A to sign in for their 30th reunion and to participate in the Alumni Day program. At noon, under a cloudless sky, they were joined by 41 wives for luncheon. After dinner, Friday evening, a dance was held at Kresge Hall.

On Saturday, at the close of Class Day ceremonies, the group proceeded to the Beecher estate at Canton Mass., for a clambake, followed by an evening of refreshments, visiting, singing and dancing. In spite of advancing years and cholesterol levels, the devotion of the Class of 1932 to Harvard Medicine, as well as to Terpsichore and Bacchus, remains loyal and enthusiastic.

GEORGE F. WILKINS '32  
*Reunion Chairman*

## TWENTY-FIFTH REUNION

Throughout the year, the 25th reunion committee needed the inspiration of Miss Murphy. Returns from letters to the class were discouraging to the very end, but she led her men as perhaps no other woman has since Joan of Arc, and when the event came



*Beer  
and good  
conversation.*

it was a fine reunion.

The weather was magnificent for almost the entire weekend. It showered, but only at convenient times. Thunder and lightning served to punctuate the lively conversation.

Of the 132 members of the class, 49 gathered on Thursday at the Harvard Club with 38 of their wives and two children. John Nunemaker presented a gavel which he had beautifully fashioned from wood sent to him from Ceylon by Dr. Max Wintrobe. It is pictured herewith, and has now been presented to the president of the Alumni Association to be used for opening all future 25th reunions.



The gavel functioned with great emphasis to quiet the din and enable the co-chairman to introduce our guests of honor — Dr. Blumgart, Dr. Means, Dr. Castle, Dr. Aub, Dr. Samuel Levine and Dr. Berry. We were grateful for a chance to see and hear them again.

Alumni Day was indeed lively. High points for us were a brilliant talk on his work by Lew Thomas and the presentation of the class gift of \$51,000 by Joe Johnson, who presided throughout the morning. Our evening at the country club began at dusk with cocktails on the verandah and went on to dinner and dancing.

Those of us who returned to the Medical School for the Class Day exercises in the morning noticed a great contrast between this year's graduating class and ours — most of HMS '62 were married, and many arrived with children to watch them graduate!

A strong force rallied to the clam-bake at Duxbury. George Gardner's beautiful place was a perfect site, and the team of experts who served us met the high standards of the ancient feast. By the time we had drunk and eaten our way through the great occasion, we all had only the warmest thoughts of HMS and the Class of '37 — and big plans for our 30th.

1937 REUNION COMMITTEE

## TWENTIETH REUNION

"*Guadeamus!*" exhorted those members of the reunion committee whose fluid prose forwarded the directory of the Class of 1942 on the occasion of its 20th reunion. Thus did 43 members, almost all with wives, conduct themselves. Several travelled from the distant West, including Donald, Erler, Hutter and Rigby — all from California — as well as Leymaster from Chicago and Newstedt from Cincinnati. From the South came Cameron (Alabama) and Williams (Virginia).

On the occasion of the banquet and dance held Friday night in Vanderbilt Hall, proceedings were enriched by a brief but witty talk by our peripatetic class president, Glen Leymaster, whose schedule allowed him to pause momentarily in Boston for the first time since his graduation, 20 years ago. Particular mention should be made of Newstedt's shocking-pink dinner jacket, and Millet's red-checked jacket and white flannels, which attracted crowds of awed onlookers as they made their entrance. Hutter demonstrated his lasting athletic prowess by doing the twist in a 95 degree environment with the equally athletic wife of a reunion committee member.

At the gracious invitation of John and Sue Merrill (whose Weston estate was generously proposed by Mel Osborne), a memorable clambake was held Saturday afternoon and long thereafter. A number of available games brought to light the latent skills of several members. Worthy of note were the vicious volleyballing of Ayres, Baker (W. J.), Hinkle and Callow, the power hitting of Shoukimas and Erler, the throwing arm of Selma Bautze, and the incredible durability of the last of the great switch hitters, Roger Newstedt. The only casualty was that of your scribe who, while ducking a sinking line drive off the bat of John Cameron, was caught on the shin by a horseshoe, accurately tossed by the Hersey Professor of Anatomy.

Of further note were the exploits of fishermen Millet, who caught sev-



eral one-pound brook trout, and Osborne, who landed a five incher, and for this feat accepted a one-dollar prize because, in his own honest estimation, this represented an authentic "keeper." Perhaps the most astonishing achievement of the day was the combined effort of John Merrill and Bill Donald who, bare handed and barely clad, recaptured and replaced in its rightful habitat a trout, which had found its way into the swimming pool.

Later, when the temperature dipped, the hard core of celebrants moved inside, there to be mystified by the prestidigitation of Ted Sack, magician and one of the three members of our class who admit to being psychiatrists. "*Mundus vult decepti*."

All unanimously agreed that this had been an exceptionally fine reunion. Your committee hails those who attended the 20th, and reminds all that despite every effort to the contrary the next five years will roll by rapidly and inexorably. Therefore, decide now to join us again at the time of our 25th.

DOUGLAS A. FARMER '42  
*Reunion Chairman*

## FIFTEENTH REUNION

From Portland (Me.), Jacksonville, Paris, Texas, Green Bay, Boston, Worcester, and points north, west, and south, 44 of the world's greatest — HMS '47 — converged on Tugo Circle, Friday, June 1, to view the future and review the past in chancery. The wives, impressive and (perhaps) impressed, found common cause among themselves while the School's big guns fired warning salvos and salutes to science, progress, and the like, always and in all ways reiterating Harvard's inmost greatness.

A tasty luncheon in the quadrangle launched the revelings, which moved first to the pool at the Midtown Motor Inn, later to the picturesque surroundings of the Dedham Polo Club. Undaunted by the most expensive free bar in reunion history, the group talked and dined, danced and wined well into the night.

Saturday began with a choice of golf or oratory, and was climaxed by a first-rate clambake with plenty of lobster at the Grillos' beautiful country home in Milton. The traditional softball game, played in unmowed hay, featured a great exhibition of infielding in the rough by Hermes' dog, and a batting contest won by Elie Bell and Fran MacAusland.

Loud plaudits to the real organizer, Dorothy Murphy, and her staff; to treasurer Holly Smith and the other thoughtful members of the committee. To all of them and to hosts Grillo and MacAusland, our sincere personal thanks.

So long until the 20th —

BILL PORELL '47  
*Reunion Chairman*

## TENTH REUNION

Under the tutelage of Miss Murphy and Mrs. Susan Lees of the Alumni Office, the fruition of 10 years was finally evident. Attending the reunion with their wives were about 57 members of the Class of '52, who assembled from the distant reaches of the country (anywhere west of Worcester) and from as far away as Iran. Those of you who didn't come were missed, and we hope you will be more easily mobilized next time.

New England put on her finest display of good weather, and all outdoor events were enjoyed to the utmost. Alumni Day found big time speeches inside competing less and less effectively with small group gatherings under shady umbrellas and around busy beer stands. A dinner dance at the staid Harvard Club began as quietly as a wake, but rapid circulation around the bar quickly increased the tempo and decibel rating. Throughout dinner and the ensuing dance, the decibels increased in the all too familiar logarithmic climb until the band seemed muted. Everybody had a good time, in spite of the fact that no prizes were awarded to such distant travelers as McDonald (Iran), Royalty (Calif.), and Kraus (Texas).

For most, the following day began rather late. Much informal visiting around finally culminated in a clam-

bake in Concord. Again, thanks to excellent weather, conviviality, reminiscences, and scattered boasts about the future, we broke up at sunset, knowing that we could hold our own with any class in such important parameters as good looking wives, by-products of connubial bliss — our children, and the ability to have a good time at the drop of a hat.

WILLIAM COCHRAN '52  
*Reunion Chairman*

## FIFTH REUNION

The top floor of the Boston Yacht Club was the setting for what initially appeared to be a true "frontier" party with everyone drinking straight whiskey. Scouts, however, soon found "set-ups" and although the "frontier" flavor left, spirits were far from dampened. The HIA having informed on everyone through a red reunion manifesto, small talk gave way to the pièce de résistance of the evening — a Midwest speaker. Carl Brunsting discussed "Little Known Facts About the Overdistended Amphibious Bladder" (in press) — somehow, the committee had failed to alert the speaker in advance.

Other visitors from a distance were Louise and David Brunsting, Bob Rivers, Bill and Flo Cox, the Wilkies, and Hank and Dot Onken, who held the weekend distance record, having come from St. Louis.

Tom and Mimi Adams are just back from Turkey, and Mel and Lee Williams have returned from Teheran. Many others, away for several years, have now returned — 32 classmates.

Saturday found us basking in welcome sunlight provided by the hospitality of Dr. Earl Chapman. Wildlife provided extraordinarily good diversion for the children, while their elders engaged in a ferocious volleyball tournament which proved that wives could serve better and husbands get tangled in the net better. By the end of the day, many acquaintances were refreshed, and further subversive publications by HIA were only indicated for those whom we hope to see next time.

1957 REUNION COMMITTEE



# James F. W. Cox

1929-1962



*Dr. Cox and daughter Corinne, now one year old.*

James F. W. Cox '60 died on May 22, 1962, of a ruptured intracranial aneurysm. He had been stricken three days previously while working with his patients at the Massachusetts Mental Health Center.

Jim had finished Swarthmore and was serving as a Naval line officer in 1954 when he suffered a crushing headache and his ruptured berry aneurysm was first diagnosed. He underwent ligation of one carotid artery and after a long convalescence received a medical discharge. This was the backdrop against which Jim played the next eight years — years during which he knew the odds and lived life exactly as he wanted.

A piano would come alive under Jim's touch, and, as his wife Suzanne said, he could easily have picked up enough nickels playing in bars to give them a comfortable life. But because Jim wanted to make something significant of his life, he went back to college for premedical work and entered HMS in 1956.

The basic sciences weren't easy. Jim, who turned 28 that year, took a long hard look at his younger classmates and reached another decision — his way of life was more important

than academic honors. He shunned competition and worked by his own standards, allowing plenty of time for his home-fermented "Coxenbrau" and his friends.

He spent his summers as a life-guard and in community theater, and his winters with Sue and four cats in a tiny Park Drive apartment. A party at the Cox's (and there were many) was one affair where medicine was not the sole topic of masculine discussion. Conversation ranged wide, and free, and one didn't mind if a cat walked through the hors d'oeuvres.

Psychiatry attracted this unrestricted spirit, and by the fourth year Jim was deep into it, working with community resources. He also plunged into psychoanalysis and survived an expected emotional maelstrom when the going got rough. The 1960 Aesculapian show's tricky musical settings were born in this complex time.

With his white coat and trousers, a white crash helmet and consummate dignity, he spent his intern year commuting ten miles to the Newton-Wellesley Hospital on his motor scooter. There he thrived on patient contact and was known as one who could listen long and understandingly to

more than the "chief complaint."

Last year Jim started his long-awaited psychiatry residency at the Massachusetts Mental Health Center. It was there, on a quiet Saturday as he sat with a patient, that the slender thread unexpectedly snapped. He made his own diagnosis before quickly slipping into the profound coma from which he never recovered.

Jim's friends loved him as he loved life, for there was an air of uninhibited enjoyment about him. These friends — and his patients — will miss him. He is survived by Suzanne and his year-old daughter Corinne; his second child will be born in November.

A "Dr. James F. W. Cox Memorial Fund," as part of the Massachusetts Mental Health Center Research Fund, has been established to carry out work in which Jim was deeply interested: providing emergency out-patient care in acute situations in order to avert the need for psychiatric admission.

His was a life of promise — a life of real achievement under conditions of great uncertainty. It ended too soon but truly in the physician's line of duty.

JAMES R. HUGHES '60





photo, Fabian Bachrach.

Dr. Ritvo

## Max Ritvo 1897-1962

Born in Wilno, Russia, on December 19, 1897, Max Ritvo was brought to this country by his parents at the age of two. After attending local public schools, among them Boston English High School, he entered Harvard College in 1914. In 1918 he received his A.B. degree, *cum laude*, and in 1922 received the M.D. degree from Harvard Medical School. Through an internship at the Massachusetts General Hospital, under the benign guidance of Dr. G. W. Holmes, he moved directly into his already chosen specialty of radiology.

Thus Max Ritvo began what was

to be a long, active and useful career involving positions in ten hospitals and the three Boston medical schools. His first appointment at Harvard was in 1931 as assistant in roentgenology; his last was as assistant clinical professor of radiology from 1949 until the time of his death. He was an active contributor to the work of his professional societies and of hospital committees of which he was long a member and later became chairman.

Dr. Ritvo's chief professional interest was in diagnostic radiology, from a vast clinical experience with which he distilled the essence of numerous articles and five important books. His longest and principal clinical association was with the Boston City Hospital where, in 1923, he was first appointed as assistant radiologist in the department headed by Dr. Paul Butler. In 1945 he became roentgenologist-in-chief and director, department of radiology, and in 1959 gave up his private practice of radiology to devote more time to the increasingly heavy responsibilities of these appointments. Until almost the day of his death, last March 30, he worked unrelentingly to improve the physical facilities and educational standards of his beloved department.

Max Ritvo was gentle, kind and courteous, dedicated to his profession and to the ideals and good causes for which he strove; his patients and his colleagues knew his fine qualities at first hand. An admirer of learning and a pioneer sponsor of Brandeis University, his religion was for him a living faith, expressed by his earnest support and active participation in several of the Jewish religious and charitable organizations of greater Boston. Dr. Ritvo's home was synonymous with hospitality and wide-ranging conversation.

Max was a devoted husband and father whose affection for his family and justifiable pride in the scholarly achievements of his children was gratifying to behold. Although he is no longer with us, the example of his benevolent character and useful life is a rich heritage to all who knew him.

WILLIAM B. CASTLE '21

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# HONORS

**Dr. Grete L. Bibring**, clinical professor of psychiatry and psychiatrist-in-chief at the Beth Israel Hospital, has been elected president of the American Psychoanalytic Association.

**Richard L. Burt '46**, professor of obstetrics and gynecology at the Bowman Gray School of Medicine, has received a \$143,000 Research Career Award from the National Institutes of Health. The award, made on the basis of national competition, will enable Dr. Burt to make a long-range study of the changes in body chemistry during normal and abnormal pregnancy, and their effects on the mother and unborn child.

**Oliver Cope '28**, associate professor of surgery at the Massachusetts General Hospital, has been elected president of the American Surgical Association.

**J. Engelbert Dunphy '33**, professor and chairman of the department of surgery at the University of Oregon, last spring became one of the world's 25 living physicians to be named an honorary fellow in the Association of Surgeons of Great Britain and Ireland. Dr. Dunphy was professor of surgery at the Boston City Hospital from 1955 to 1959.

**Dr. Jack R. Ewalt**, professor of psychiatry and director of the Joint Commission on Mental Illness and Health in Bos-

ton, is president-elect of the American Psychiatric Association.

**LeRoy D. Fothergill '29** has been given the Army's highest civilian award, the Exceptional Civilian Service Award Medal. He was cited "In recognition of his dynamic leadership as scientific advisor for the Biological Warfare Research and Development Program, U. S. Army Chemical Corps Biological Laboratories from 1944 to the present." Dr. Fothergill served as assistant professor in bacteriology and immunology, and pediatrics at HMS prior to being called to active duty as a lieutenant commander in the Navy in 1941. He organized and directed the department of epidemiology at the Naval Medical School, and also supervised the research work on epidemiology.

Winner of one of two E. Mead Johnson awards for research in pediatrics of the American Academy of Pediatrics, in June, was **Park S. Gerald**, Associate in Pediatrics at the Children's Hospital. The award, granted by the International Society of Specialists in Child Health from funds provided by the Mead Johnson Laboratories, is given to any physician in the United States or Canada whose outstanding research may merit recognition. He will deliver a paper on his research at the annual meeting of the American Academy of Pediatrics in Chicago in October.

**Dr. A. Baird Hastings**, former Hamilton Kuhn Professor of Biological Chemistry and head of the department from 1935 to 1958, gave the Banting Memorial Lecture at the annual meeting of the Diabetes As-

sociation in Chicago on June 23rd. Invitation to deliver this lecture is the highest scientific recognition the organization can confer. On that occasion, he received the Banting medal "for distinguished service in the interest of doctor and patient." Dr. Hastings is currently director, division of biochemistry, Scripps Clinic and Research Foundation in La Jolla, California.

Last May, **Varaztad H. Kazanjian '21** delivered the inaugural lecture of the Varaztad H. Kazanjian Visiting Professorship in Plastic Surgery at the New York University Medical Center. The lecture was given in conjunction with a symposium on plastic surgery of the face, conducted by the Institute of Reconstructive Plastic Surgery. Dr. Kazanjian is professor of plastic surgery, *Emeritus*.

**John P. Merrill '42**, assistant professor of medicine at the Peter Bent Brigham Hospital, has been elected president of the American Society for Clinical Investigation. A leader in the field of kidney transplantation, Dr. Merrill is director of the cardio-renal division of the Peter Bent Brigham Hospital.

**Dr. George W. Thorn**, physician-in-chief of the Peter Bent Brigham Hospital and Hersey Professor of the Theory and Practice of Physic, was installed as president of the Endocrine Society, in June. Dr. Thorn, whose early work on Addison's disease led to the development of ACTH and cortisone for use in the treatment of adrenal disorders, has conducted continuous research in this and related fields.

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